

Name  
in  
Full

Rev. Franklin B. Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec	11	53	2	15
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Easton Md			
married	-				
Father's Name	Isaac L. Adkins				
Mother's Maiden Name	May E. Houghlett				
Name of person giving Information	A. E. DeBeers				
CAUSES OF DEATH					
Primary	Insanity				
Immediate	Heart Weakness following Violent Mania 14 hours				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	68		
		E. L. Duncan	How long Several years		
			How long 14 hours		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Goravetown

Md. 9

E. M. Mitchell  
Undertaker  
1201 W. Fayette St

Easton Md

Name  
in  
Full

Florence C. Allen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Roslyn Balf C. M.	Baltimore			
Date of death	Month	Day	Years	Months	Days
1909	December	23	25	-	-
Sex	Female	Color or Race	White	Birth-place	Virginia
Occupation	Housewife		Where Residing if not at place of death	Roslyn Balf C. M.	
Married, Single or Widowed	Married	Name of Wife or Husband	John Allen	Father's Birthplace	Unknown
Father's Name	Unknown		John Allen	Mother's Birthplace	Unknown
Mother's Maiden Name	Unknown		John Allen	How related to deceased	Daughter
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

119

How long

1 month

Immediate

Pneumonia

How long

1 monthly

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. S. Burdett.

Roslyn  
Balf C. M.  
110.

Accident or Suicide?

Martin Takey & Sons  
Undertakers  
Holy Family Cemetery  
Harrisonville

Mo.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James H A Appleton

Town

Died at Parkton

County

Baltimore

MARYLAND

Date

of death 1909 Dec

Month

Day

13th

Years

Age 38

Months

1

Days

14

Sex

Male

Color or  
Race

White

Occupation

Superintendent Penna R.R.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's

Name Wm. L. Appleton

Father's

Birthplace

Dayton, Ohio

Mother's

Maiden Name

Sarah Matilda Glendenin

Mother's

Birthplace

Little Britton Twp  
Lancaster Co Pa.

Name of person giving  
Information

Jo Hackenburg

How related  
to deceased

Friend

## CAUSES OF DEATH

Primary

By being struck and instantly killed by engine 4102  
on train No. 2

166

How long

How long

Immediate

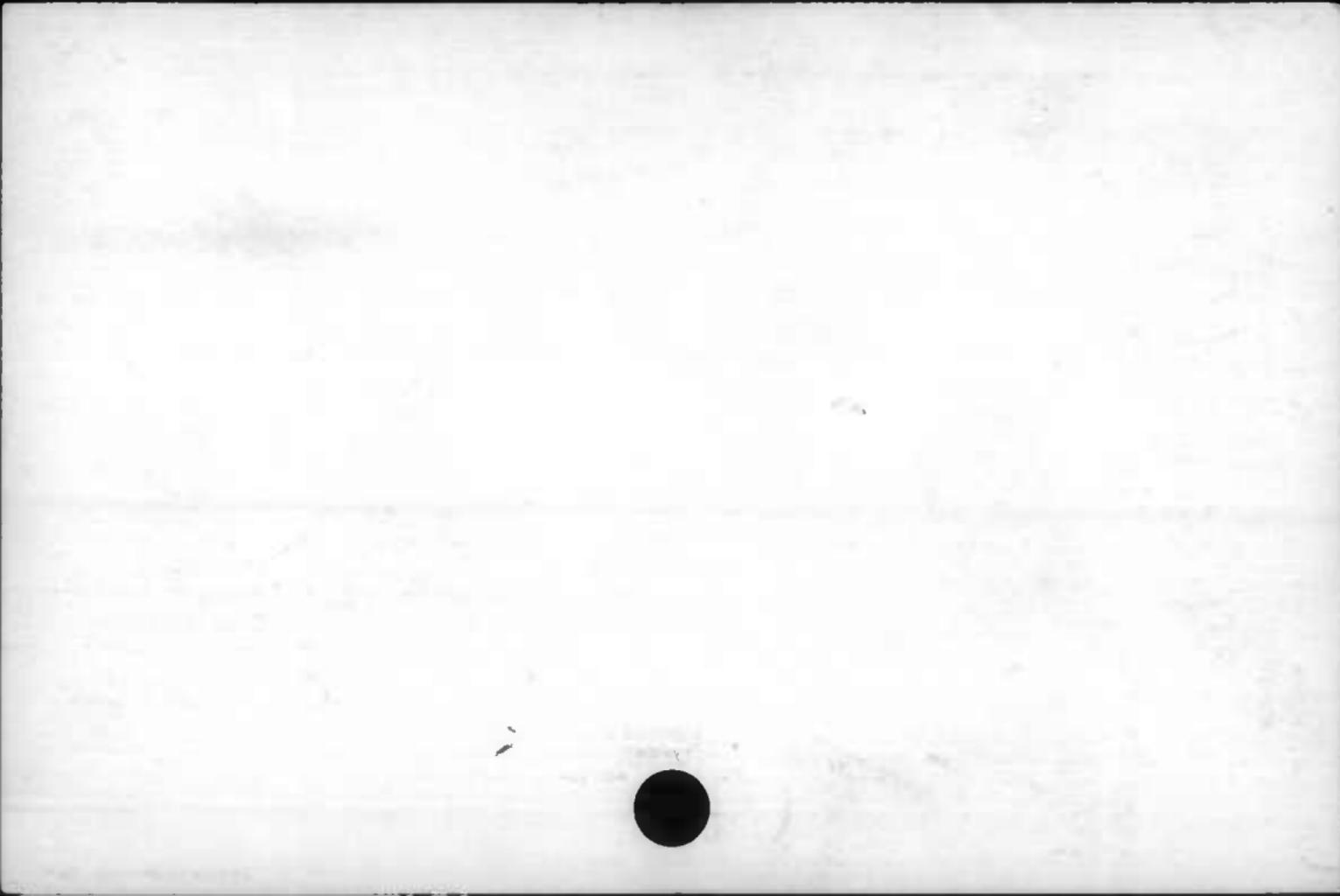
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician  
Address



Alfred. A. Sparks  
Parkton.  
Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mrs Elizabeth Arnacost

Town

Died at Blaude Hospital, Towson

County

Balto

MARYLAND

Date

of death

1909

Month

12

Day

22

Years

63

Months

Days

Sex

F

Color or  
Race

W

Birth-  
place

Baldy

Occupation

W. wife

Where Residing if not  
at place of death

Parkton

Married, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Hospital Record

## CAUSES OF DEATH

Primary

Pulm. & B.  
Asthenia

(27) ✓

How long

unknown

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. Phankovich M.D.  
Endowood Towson

Accident or Suicide

Wm. Cook

502 E. North ave

Parkton Baltimore co Md

Name  
in  
Full

Alice E. Ballantine

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	7	7	5
Occupation	Where Residing if not at place of death	Birth-place	Baltimore	Baltimore Co.	507 Lombard St.
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Baltimore		
Father's Name	Clarence E. Ballantine	Mother's Birthplace	"		
Mother's Maiden Name	Maggie E. Lanning	How related to deceased	Father		
Name of person giving information	Clarence E. Ballantine				

CAUSES OF DEATH

93

Primary	Pleuropneumonia	How long	15 days
Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. Schlesinger
		Address	3314 E Baltimore St
Accident or Suicide			

PHYSICIAN  
OR CORONER

Oak Lawn Cemetery  
Henningson  
12/24/09

Name  
in  
Full

Margaret S Barber

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Daniel N. Barber			
Father's Name	Thomas Burgan				
Mother's Maiden Name	Not known				
Name of person giving Information	Thomas N. Barber				

CAUSES OF DEATH

93

Primary	Pneumonia	How long	15 days
Immediate	Cerebral Aplexy	How long	Slow
Are the name, age, sex, color, date and place correctly given above?	1/20	Signature of Physician	Geo. A. Hartman
		Address	111 19th Cardine St. Balt.
Accident or Suicide?			18

PHYSICIAN  
OR CORONER

Henry City,  
Balto. Cemetery

Name  
in  
Full

Emma Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Sparrows Point	Baltimore				
Date of death 1909	Month Dec.	Day 20 <sup>th</sup>	Years Age 39	Month -	Days -
Sex Female	Color or Race Col.	Birth-place Va.			
Occupation House work	Where Residing if not at place of death Sparrows Point				
Married, Single or Widowed	Name of Wife or Husband Walter Barnes				
Father's Name	Father's Birthplace unknown				
Mother's Maiden Name	Mother's Birthplace unknown				
Name of person giving Information	How related to deceased Step Father in law				
Spot. Oliver	Step Father in law				

PHYSICIAN  
OR CORONER

Primary

Meningitis (cerebral)

61

How long

1 week

Immediate

Cerebral Congestion

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. O. McCormick MD  
Sparrows Point

Accident or Suicide

No



Name  
in  
Full

Kunigunda Baumüller

Town

County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Glenarm

Baltimore

MARYLAND

Date of death	Month	Day	Years	Months	Days
1909	12	31	76	9	28

Sex Female

Color or Race

white

Birth-place

Germany

Occupation

Housewife

Where Residing if not  
at place of death

Glen Arm

Married, Single  
or Widowed

Name of Wife or Husband

John Baumüller

Father's Name

J. Junman

Father's Birthplace

Germany

Mother's Maiden Name

Kunigunda Junman

Mother's Birthplace

Names of person giving Information

Annie Tahl

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Gall Stone Colic

113

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

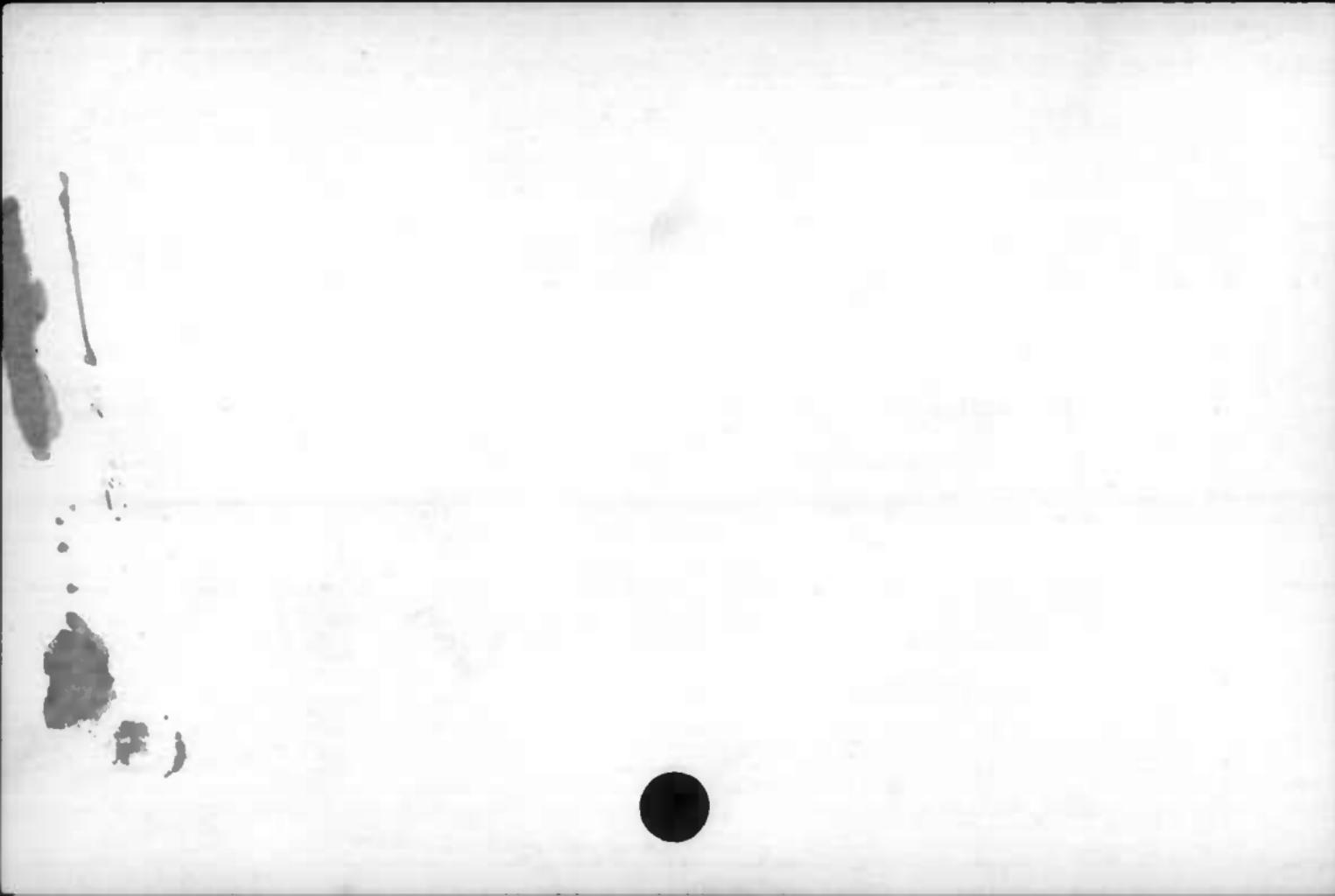
Signature of Physician

Address

W. F. Clayton  
Overlea  
Md. - 11

✓

Accident or Suicide



Name  
in  
Full

Coralie Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hospital Town Baltimore County Baltimore  
Date of death 1909 Month 12 Day 5 Years 30 Months 2 Days 5  
Sex Female Color or Race White  
Occupation House-wife. Where Residing if not at place of death 330 Colgate St  
Married, Single or Widowed Married Name of Wife or Husband Oliver Ward Becker  
Father's Name James Taylor Father's Birthplace MD  
Mother's Maiden Name Mary Ellen Gross Mother's Birthplace MD  
Name of person giving information Ruth Moran How related to deceased sister

CAUSES OF DEATH

Primary Tubercular Phthisis  
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. L. Grayskell,  
3 and George  
Hippocrates Rd.

PHYSICIAN  
OR CORONER

Accident or Suicide NO

27

How long

How long

✓  
1 year

48 hours

Mr. Barnet

J. Henry for  
1200/09

Name  
in  
Full

One name Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Died at <u>Pickneyville</u>		County <u>Baltimore</u>	MARYLAND
Date of death	Month	Day	Years
1909	Dec	18 <sup>th</sup>	Two hours
Age	Months		
Sex	Color or Race	Birth-place	Deys
male	white	Pickneyville	
Occupation	Where Residing if not et place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<u>Sam Bell</u>	Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Hettie Reed</u>	Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Sam Bell</u>	How related to deceased	<u>Father</u>

CAUSES OF DEATH

151

Primary

Premature birth 7 months

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. C. Smith  
West Street & Sub

Accident or Suicide

Jos B. Cook  
Ridge Penn. Balto Co.

Name  
in  
Full

Anthony F. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Month
of 1909	12	24	Age
Sex	Male	Color or Race	45
Occupation	Huckster	Where Residing if not at place of death	397 E Pratt St.
Married, Single or Widowed	Married	Name of Wife or Husband	Concetta Bell
Father's Name	Unknown	Father's Birthplace	Italy
Mother's Maiden Name	Unknown	Mother's Birthplace	"
Name of person giving Information	Concetta Bell	How related to deceased	Wife

CAUSES OF DEATH

Primary

Eritis filis

18

How long

8 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Joseph Bananico M.D.  
204 W. Greene street

PHYSICIAN  
OR CORONER

Accident or Suicide

~~St. Patricks Cemetery~~

J. Henwigson

12/27/09

Name  
In  
Full

Cath Berger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	73rd St	County	MARYLAND	
Date of death	Month	5	Day	Months	Days
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	Housework			Where Residing if not at place of death	Gardenville
Married, Single or Widowed	Widowed	Name of Wife or Husband	John Berger	Father's Birthplace	Germany
Father's Name	Nicholas Ayr			Mother's Birthplace	Germany
Mother's Maiden Name	Sophia Ayr			How related to deceased	Son
Name of person giving information	V. Annie Berger			How long	66 years

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis			How long	2 years
Immediate	Exhaustion			How long	66 years
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W.L. Corson MD	
			Address	Gardenville 73rd St N.Y.	
Accident or Suicide?					

Bengen's  
Family List

Name  
in  
Full

Martha E. Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Day
Sex	Color or Race	Age	20		
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband			✓	
Father's Name	Webster Bond			Md.	
Mother's Maiden Name	Martha J. Carter			Md.	
Name of person giving Information	Mother			Md. Boyd.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

1 Year

Immediate

Pulmonary Tuberculosis

1 Year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

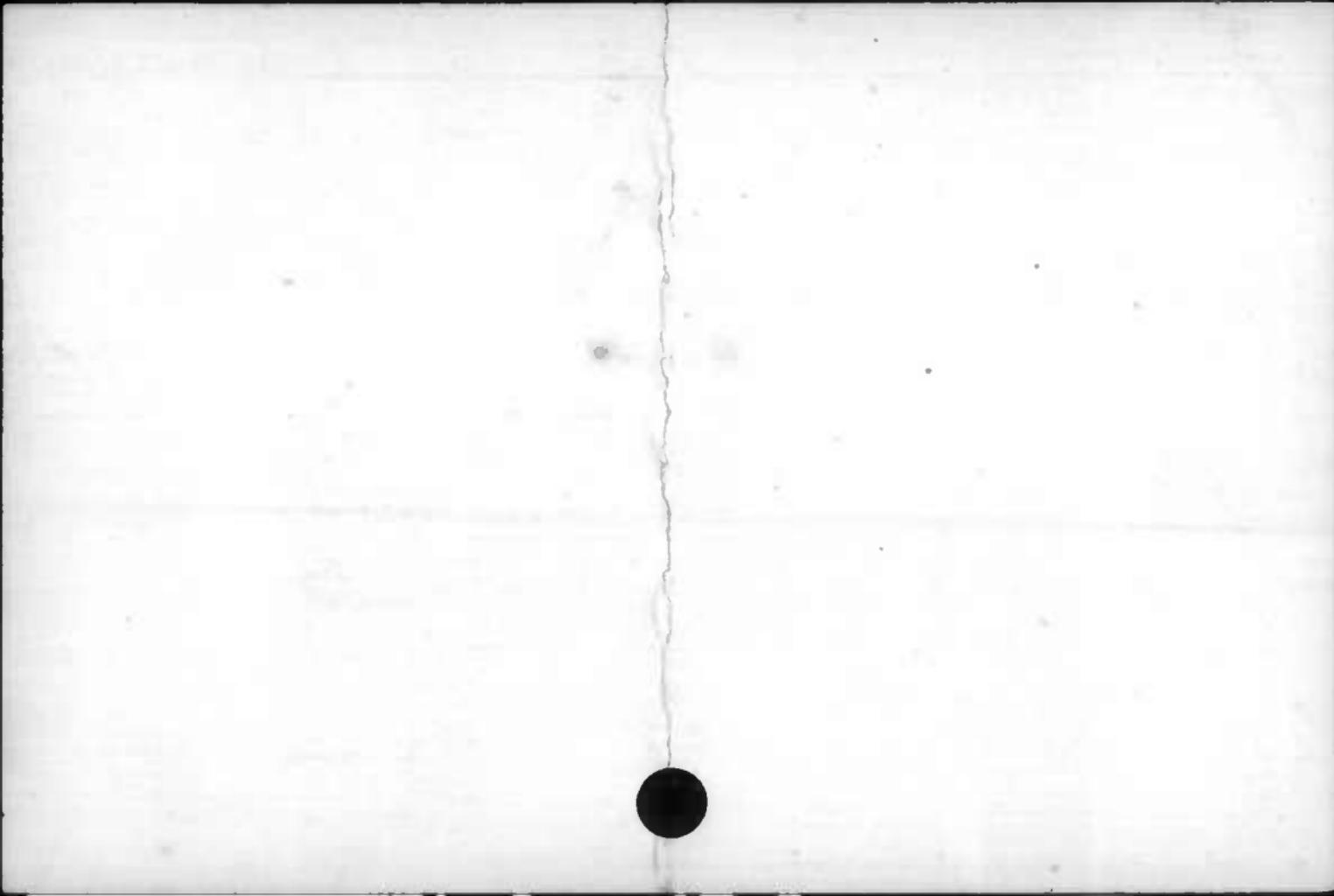
Address

Geo. W. Davis M.D.

Accident or Suicide

To the best of my knowledge

Pleasantville  
Md.



Name  
in  
Full

Charles Branninger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad et	Town	County	MARYLAND		
Date of death	Month	Day	Years	Montha	Daya
Sex	Male	Color or Race	Age	70	
Occupation	Grocer	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Louisa Alkamp	Father's Birthplace	Germany
Fether's Name	Not known			Mother's Birthplace	Germany
Mother's Maiden Name	" "			How related to deceased	Son in law
Name of person giving Information	Adam Bennett		40	How long	Two

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Carcunoma Stomach

Immediate Embarrastion

Are the name, age, aex, color, date and piece correctly given above?

Signature of Physician

Address

L V. Khey  
1902 Eastern Ave

Mr. Barnel Ben  
Herrwig for  
12/4/59

Name  
in  
Full

John J Bruns

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Govansztown	Baltimore		Month	Day
Date of death	1909 Dec	29	Years		
Sex	Male	Color or Race	Age	27	
Occupation	Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Blanch Bruns	Father's Birthplace	Balt <sup>o</sup> City
Father's Name	John B Bruns			Mother's Birthplace	.....
Mother's Maiden Name	Annie G Hartman			How related to deceased	Father
Name of person giving information	John B Bruns				

CAUSES OF DEATH

Primary

157

How long

Immediate

Suicide by hanging

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Coroner

Address

James K P Wilkinson

Coroner Govansztown Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Suicide

Henry Stock Son

Holy Redeemer Cemetery

Name  
in  
Full

Elizabeth Buchanan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Bonney

Town

County

MARYLAND

Date  
of death

1909

Month

12

Day

8

Years

50

Months

Days

Age

Sex

Female

Color or  
Race

Black

Birth-  
place

Ind

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elo. Buchanan

Father's  
Name

Wilson Bell

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Ellen Dosey

Mother's  
Birthplace

Ind

Name of person giving  
Information

Eugene Buchanan

How related  
to deceased

son

CAUSES OF DEATH

Primary Found dead in field

79

How long

Immediate Heart disease,

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

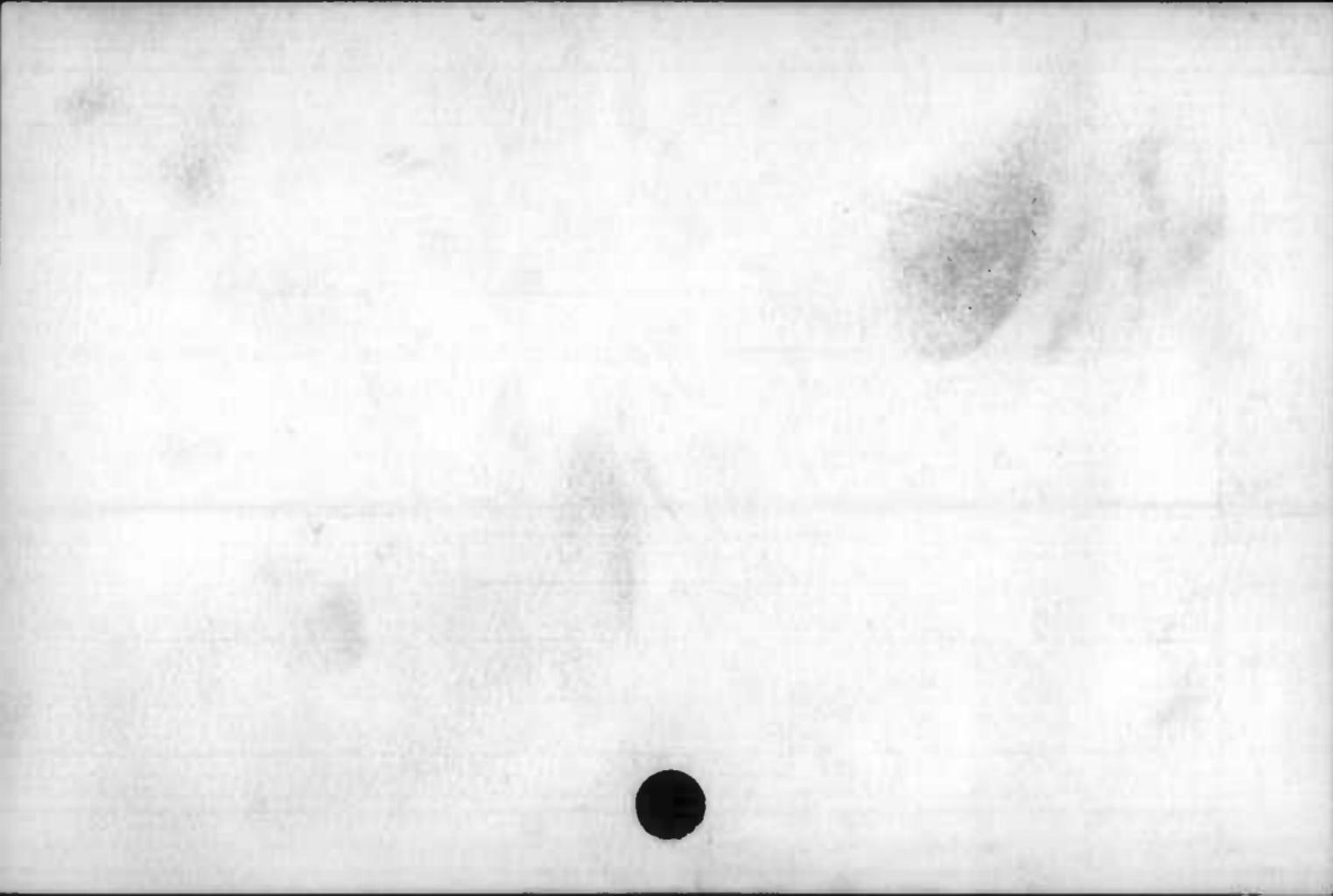
Address

Jas Wilson M.D.  
Fowble's Bay  
Ind

Accident or Suicide?

PHYSICIAN  
OR CORONER

I



Name  
in  
Full

Maria Cornelius Bull

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Loversons Town Baltimore County MARYLAND  
Date of death 1909 Dec. Month 26 Day Age 76 Years Months — Days —  
Sex Female Color or Race White Birth-place Md.  
Occupation Housewife Where Residing if not at place of death Loversons  
Married, Single or Widowed Widow Name of Wife or Husband John P. Bull  
Father's Name Isaac Hollingsworth Father's Birthplace England  
Mother's Maiden Name Ruth Stanbury Mother's Birthplace Don't know  
Name of person giving Information Elizabeth Bull How related to deceased Md.  
daughter

CAUSES OF DEATH

Primary

Myocarditis & General debility

Immediate

Cardiac asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. George Green M.D.  
Loversons Md.

PHYSICIAN  
OR CORONER



Accident or Suicide

79

How long

18 Mo's.

How long

12 hours



John Burns' Sons  
Tolson

---

Burial -

Greenmount in City -

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Francis A. Campbell

Died at Town County MARYLAND  
Highlandtown Balto  
Date of death Month Day Years Months Dey  
1909 sec. 24 3 20

Sex Male Color or Recd

Occupation None

White

Birthplace Highlandtown

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Campbell

Father's Birthplace Del.

Mother's Maiden Name Ellen Campbell

Mother's Birthplace Del.

Name of person giving Information Ellen Campbell

How related to deceased Mother

## CAUSES OF DEATH

Primary Pneumonia

93

How long

8 days

Immediate Cardiac Exhaustion

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. A. Glanty  
3244 Eastern Ave.

Address

Accident or Suicide

J. A. Moran undertaker  
St. Patrick's  
Baptist

324<sup>1</sup>  
Sutter Ave

Name  
in  
Full

Louis Cauter

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Riesterstown</u>	County <u>Balto.</u>	MARYLAND		
Date of death 190	Month <u>12</u>	Day <u>30</u>	Years <u>23</u>	Months	Days
Sex	<u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Balto.</u>		
Married, Single or Widowed	<u>Single</u>	Occupation <u>Student</u>			
Name of Wife or Husband					
Father's Name	<u>Jacob Cauter</u>				
Mother's Maiden Name	<u>Hannah Noll</u>				
Name of person giving Information	<u>Abe Cauter</u>				
Father's Birthplace	<u>Russia</u>				
Mother's Birthplace	<u>"</u>				
How related to deceased	<u>Brother</u>				

CAUSES OF DEATH

27

How long

2 yrs.

How long

3 wks.

PHYSICIAN  
OR CORONER

Primary

Pulmonary & Sanguinal Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

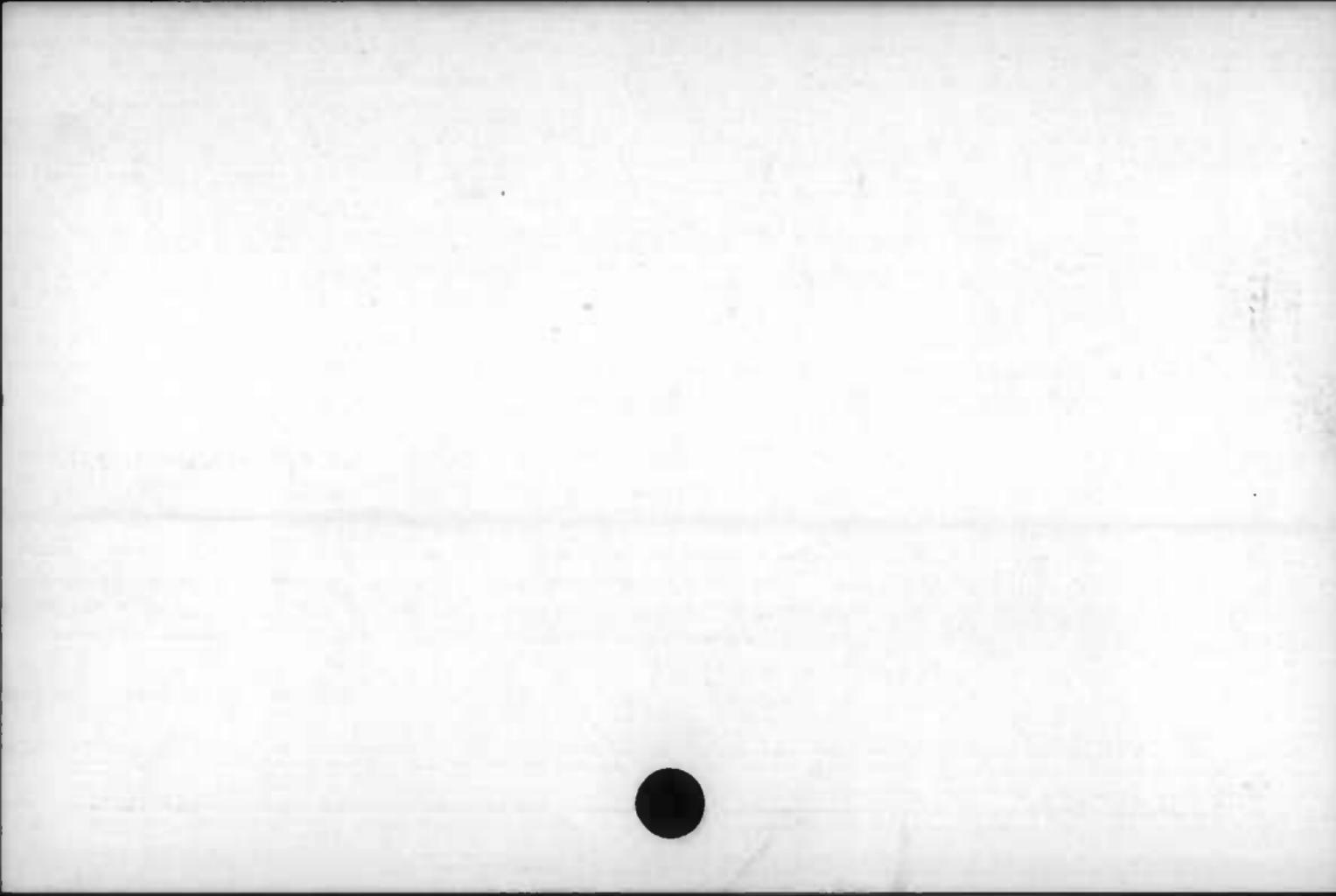
Signature of  
Physician

S. Wicker Meritt

Address

Jewish Home for Consumptives  
Riesterstown, Md.

Accident or Suicide?



Name  
in  
Full

Julia Larr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Town County  
Mornille Park Baltimore  
Month Years Month Days  
Date of death 1909 12 19 Age 79 2 18  
Sex Female Color or Birth-place  
Occupation Woman Race white Maryland

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Fueloar Larr

Father's  
Name

Benjamin Wheeler

Father's  
Birthplace

MD

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

MD

Name of person giving  
Information

Benjamin Wheeler

How related  
to deceased

Nephew

CAUSES OF DEATH

Primary

Bright's Kidney & Heart disease 2 yrs

120

How long

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W.H. Hall  
Nit minnes

PHYSICIAN  
OR CORONER

Accident or Suicide

L. W. Hill

Toudm Park.

Name  
in  
Full

Sidney D. Garuthers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gowanstown

Town Baltimore County

MARYLAND

Date of death 1909	Month Dec	Day 31	Years Age 56	Months	Days
--------------------	-----------	--------	--------------	--------	------

Sex Male

Color or Race

White

Birth-place Maryland

Occupation None

Where Residing if not  
at place of death

Gowanstown Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Dont know

Father's Birthplace Dont know

Mother's Maiden Name

Dont know

Mother's Birthplace Dont know

Name of person giving  
Information

Dr. Duncan

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

Exhaustion

, day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. M. Duncan  
Gowanstown

Accident or Suicide

PHYSICIAN  
OR CORONER

John Burns & Sons  
Tours  
Inlement Hill  
Gowanslois  
Presb. Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Cockey

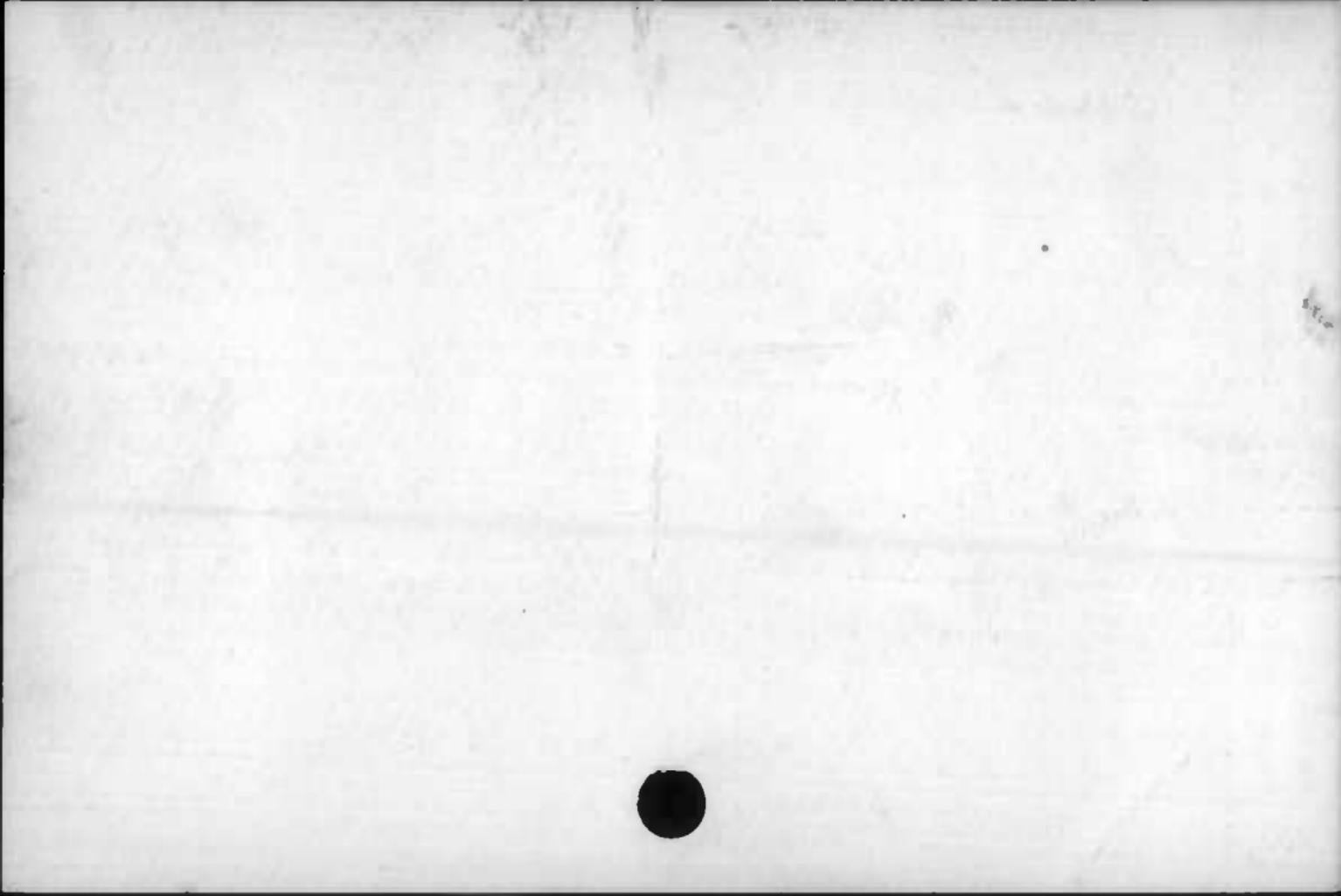
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Name	Baltimore	
Mother's Maiden Name	Annie Wntlefinis	Mother's Birthplace	..		
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis 2 years	
Immediate	Exhauastion	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
W.		J.R. Payne Cockey
Accident or Suicide?		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

✓

Accident or Suicide

John Edward Calleson  
Bald

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death

1909

Month

Age

Day

Years

2

Months

Days

Sex

Color or  
Race

Birth-  
place

Occupation

Colonel

Unknown

Married, Single  
or Widowed

Name of Wife or  
Husband

Where Residing if not  
at place of death

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

172

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. S. Suddes, M.D.  
3323 E. Baltimore

Ami H. Calleson  
1413 May 1894

Bariat

St. Mathews Lem.

Cadetader - Hemingfor

12/16/04

Name  
in  
Full

Ellen Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Burns Mills	County	Baltimore		MARYLAND
Date of death	Month	Dec	Day	Years	Month	Day
190	9	31	Age	62	6	-
Sex	Female	Color or Race	white	Birth-place	Baltimore	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	I am married	Name of Wife or Husband	Hazel A. Cooper	Father's Birthplace	Baltimore	
Father's Name	George J. Gardner			Mother's Birthplace	Princes George's	
Mother's Maiden Name	Margaret Frazer			How related to deceased	Husband	
Name of person giving Information	Hazel A. Cooper			How long	Unknown	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic nephritis

How long

Unknown

Immediate

Uraemic Coma

How long

Four days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

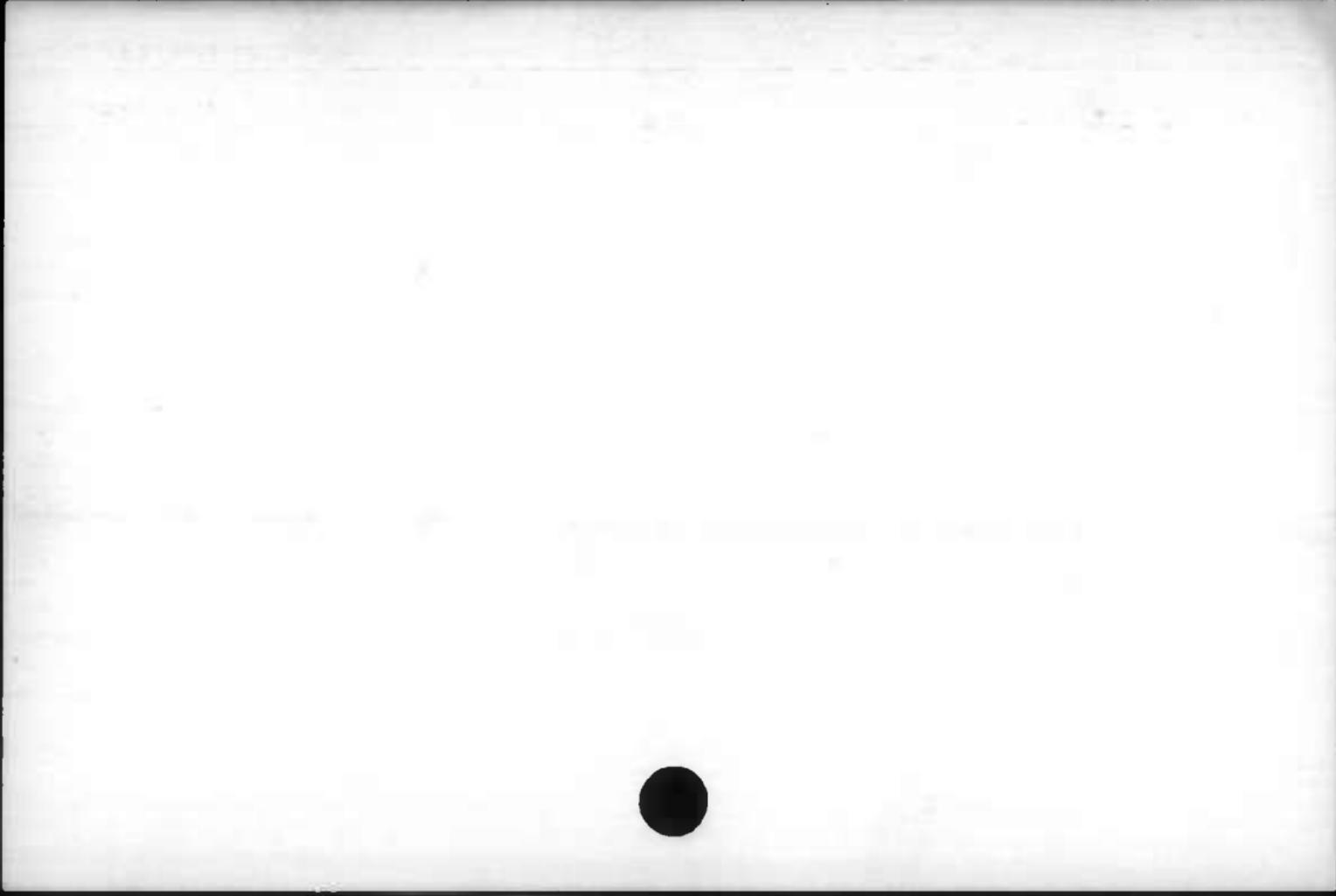
Address

J M Slade

Records Office

Med

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Cox

CERTIFICATE OF DEATH

Died at <u>Texas</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>23</u>	Years <u>49</u>	Months	Days
Sex <u>femail</u>	Color or Race <u>white</u>	Birthplace <u>don't know</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>2400</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mr Cox</u>	Father's Name <u>Mr Hansen</u>	Father's Birthplace <u>don't know</u>		
Mother's Maiden Name <u>Mary Hansen</u>	Mother's Birthplace <u>don't know</u>				
Name of person giving information <u>Ephraim Nash</u>	How related to deceased <u>sister</u>				

CAUSES OF DEATH

27

How long

about 2 yrs

How long

8 days

Primary

Pulmonary Tuberculosis

Immediate

Nephritis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

B.F. Buckley

Address

Texas 27

Accident or Suicide?

Funeral at Zefas on  
Monday 28

W. C. Brooks

Name  
in  
Full

Harry Elwood Cuff.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Catonsville		Baltimore	
Date of death	Month	Day	Years
1909	Dec	7	—
Sex	Color or Race	Age	Months
male	Colored,	—	9 weeks
Occupation	Where Residing if not at place of death		
none	Catonsville And		
Married, Single or Widowed	Name of Wife or Husband		
single	none		
Father's Name	Father's Birthplace		
Wm J Cuff	Green Ann Co		
Mother's Maiden Name	Mother's Birthplace		
Hattie M Bailey	Tabell Co		
Name of person giving information	How related to deceased		
Hattie M Cuff	mother.		

CAUSES OF DEATH

151

Primary	marasmus.	How long	5 weeks
Immediate	asthme.	How long	5 "

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B. West.  
Catonsville  
Md

Accident or Suicide?

William J. Johnson.

I.O.O.F Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Coulson Davenport					CERTIFICATE OF DEATH		
Town	Month	Day	Years	Months	MARYLAND		
Died at Roland Park	Baltimore				Days	25	
Date of death 1909	12	25	Age 68	10			
Sex male	Color or Race White	Birth-place Ohio					
Occupation Manufacturer's Agent	Where Residing if not at place of death						
Married, Single or Widowed Widowed	Name of Wife or Husband Emily M. Cole						
Father's Name Benjamin Davenport	Father's Birthplace Virginia						
Mother's Maiden Name Ann Maria Bradshaw	Mother's Birthplace Ohio						
Name of person giving Information Miss M.A. Davenport	How related to deceased Daughter						

CAUSES OF DEATH

Primary

Mitral Regurgitation

79

How long

Do not throw

Immediate

Pulmonary Edema

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. G. Fisher  
Roland Park Md

Accident or Suicide

m

9

Place of burial, Loudon Park Cemetery, Baltimore.  
Undertakers, Henry W. Mears & Son, Baltimore.

Name  
in  
Full

Wladyslaw J. Dekowske

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth- place	Baltimore Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph J. Dekowske					
Mother's Maiden Name	Stanisława Lewandowski					
Name of person giving Information						

CAUSES OF DEATH

Primary

Paroxysms -  
my right heart

(151)

Immediate

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E W Lamm M.D.  
3602 Bank St

Accident or Suicide

St Stanislaus Cem

M J. Sadowitz:

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Katherine Dennis

CERTIFICATE OF DEATH

Died at White Hall      Town      County      MARYLAND

Date of death 1909 Dec. 4      Month      Day      Years      Month      Days

Sex Female      Color or Race White      Birth-place White Hall

Occupation Nurse      Where Residing if not at place of death White Hall Md.

Married, Single or Widowed —      Name of Wife or Husband —

Father's Name Edward C. Dennis

Father's Birthplace New Jersey

Mother's Maiden Name Lenora Difendaför

Mother's Birthplace Md.

Name of person giving Information Edward R. Dennis

How related to deceased Father

CAUSES OF DEATH

Primary

Premature Birth  
(Unknown)

151

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yrs.

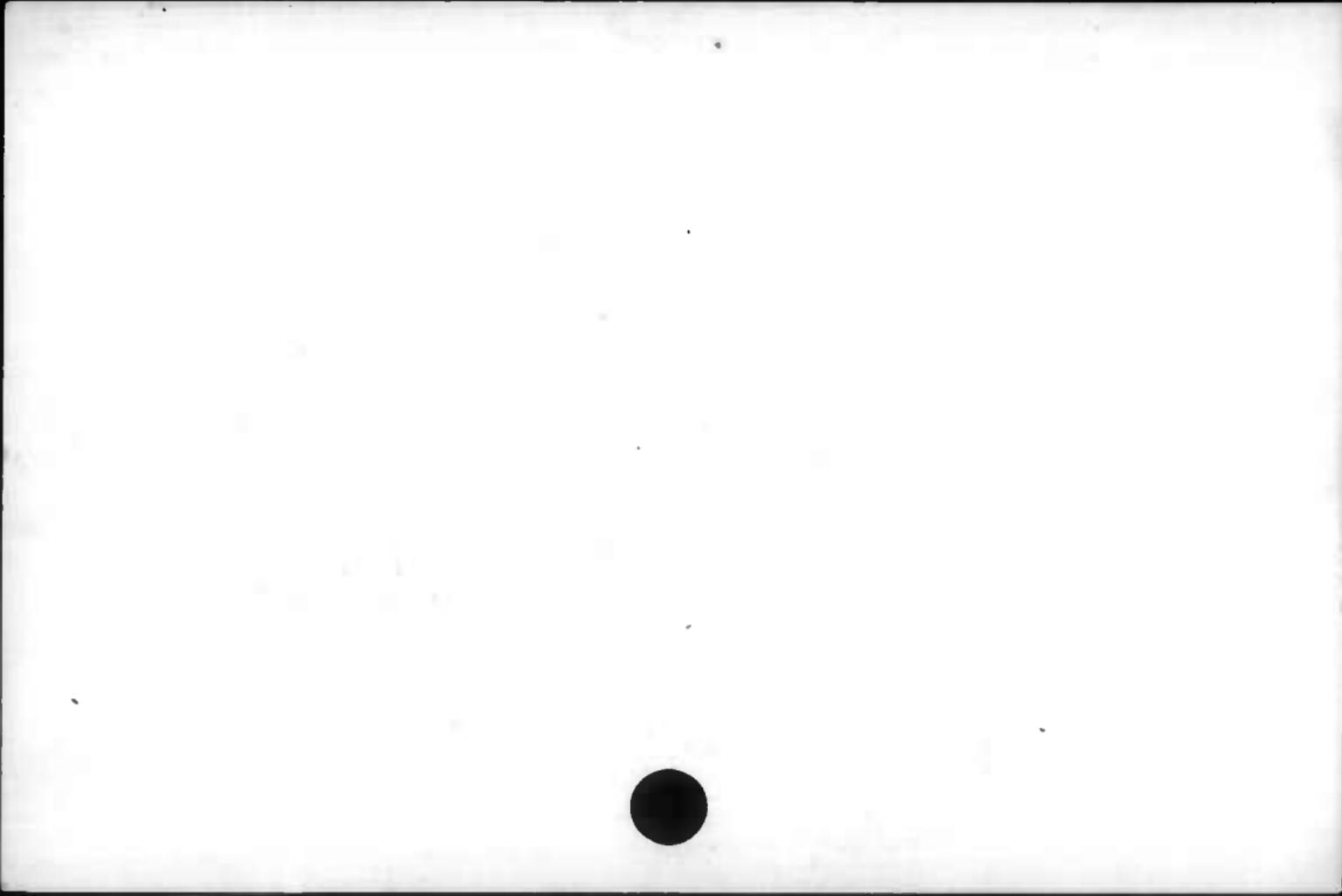
Signature of Physician

Address

Plinias C. Baedwin

White Hall  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Dickinson, Walter

Town Leatonsville County Prince

Died at

Month

Day

Years

Date  
of death 190

9 Dec

26

31

Months

Days

Sex Male

Color or  
Race

white

Birth-  
place

Maryland

Occupation Talcman

Where Reading if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John N. Dickinson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Esther J. Johnson

Mother's  
Birthplace

Maryland

Name of person giving  
Information

John N. Dickinson

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

General Paresis

67

2 yrs

Immediate

Exhaustion

How long

2 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

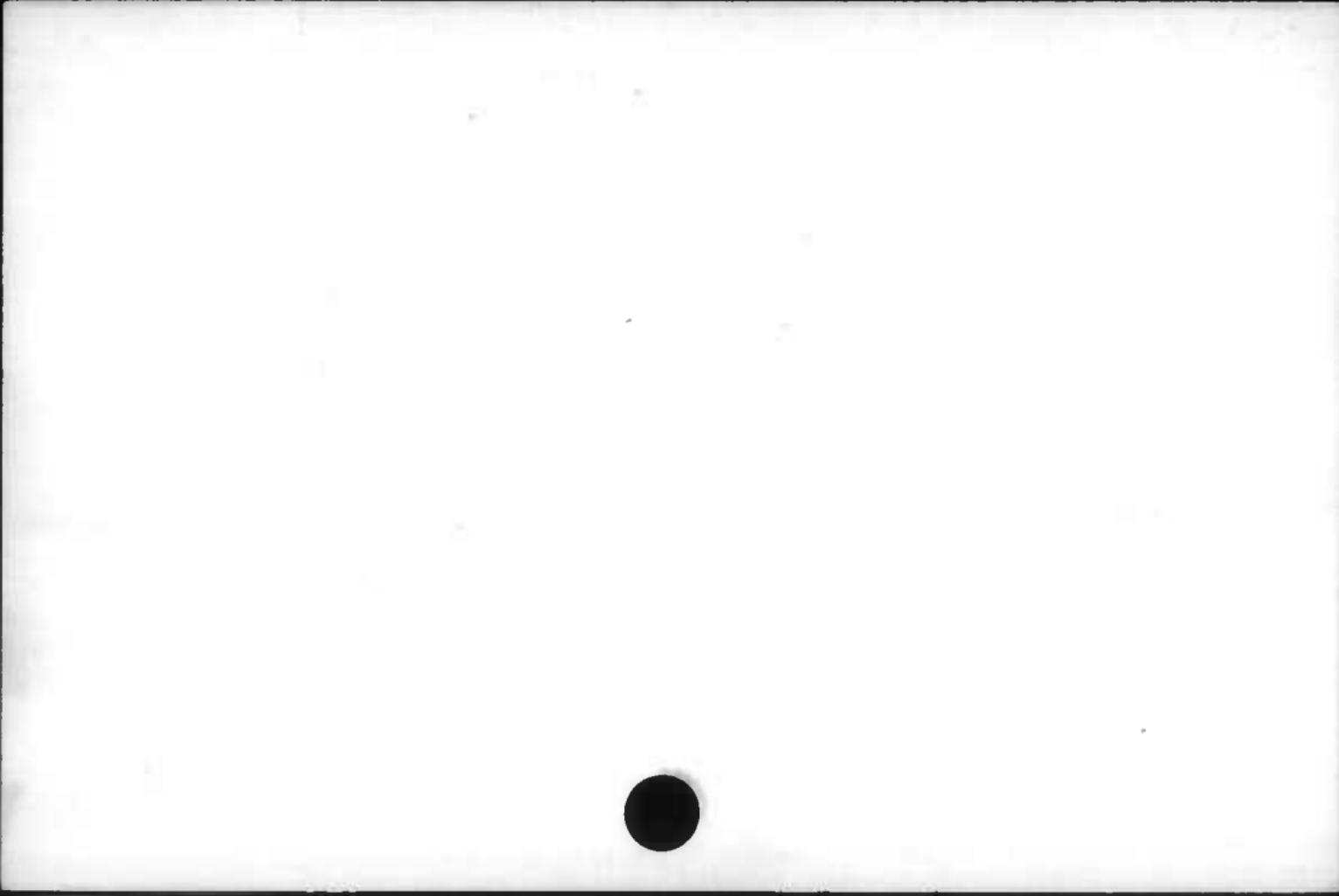
Signature of  
Physician

Address

Jerry nude  
Leatonsville, Md

Accident or Suicide

No.



Name  
in  
Full

Florance Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brightside Station A.C.U.R. Town Baltimore County

MARYLAND

Date of death 1909 Month Dec Day 2 Age 3 Months — Days —

Sex Female

Color or Race Negro.

Birth-place Brightside. Balt Co Md

Occupation —

Where Residing if not  
at place of death —

Married, Single  
or ~~Widowed~~

Name of Wife or  
Husband —

Father's  
Birthplace Unknown

Father's Name George Dorsey

Mother's  
Birthplace Unknown

Mother's  
Maiden Name Cassie Jones.

How related  
to deceased

Name of person giving  
Information

CAUSES OF DEATH

Primary

Gastro-enteritis

105

How long

about 2 weeks.

Immediate

Convulsions

How long

1 day.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Mr. W. Dabney  
Ruxton, Baltimore Co., Md

PHYSICIAN  
OR CORONER

Accident or Suicide

No

9

St John Chrysostom  
St Marshall

deck 3839 Falls Road

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Catherine Delmar Downs  
near Bentley's Balt

CERTIFICATE OF DEATH

MARYLAND

Died Year Town Month Day County Years Months Days  
Date of death 1909 12 25 Age 30 — 13

Sex Female Color or Race White Birth-place Md  
Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John Keller Downs Father's Birthplace Md

Mother's Maiden Name Arzie Gosnell Mother's Birthplace Md

Name of person giving Information Lorraine Downs How related to deceased Aunt

CAUSES OF DEATH

Primary Typhoid Fever  
Immediate Uremia

Are the name, age, sex, color, date and place correctly given above?

yes

①

How long

6 weeks complications 4 months

How long

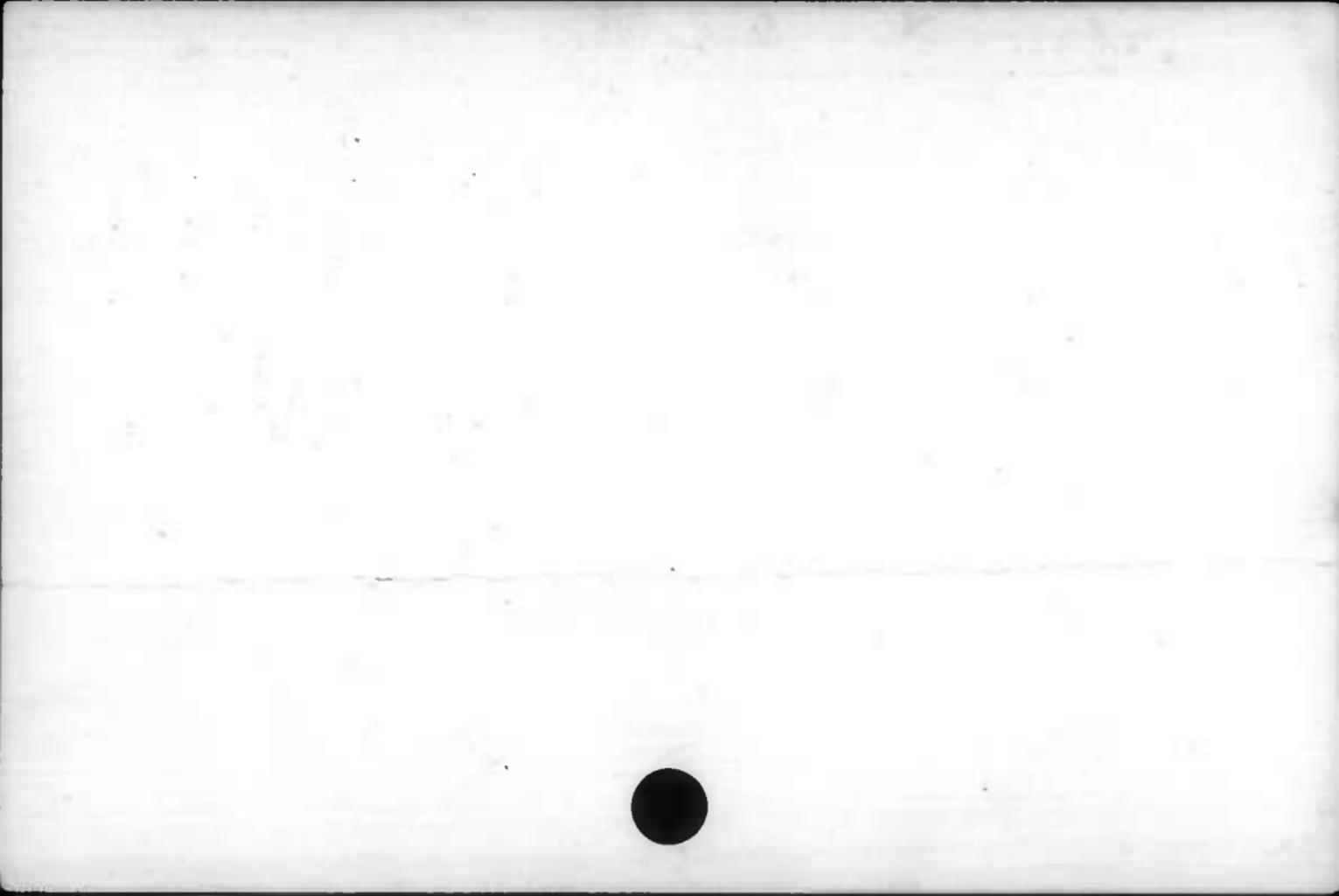
24 hrs

Signature of Physician

Address

R.R. Morris MD  
Parkton MD  
A.R. Mitchell MD  
Lafayette —

Accident or Suicide



Name  
in  
Full

Wilhelmina Eckhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Violetsville

Baltimore County

MARYLAND

Date  
of death

1909

Month

Dec.

Day

9

Years

44

Months

10

Days

12

Age

Sex

Female

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

Housewife

Where Residing if not  
at place of death

Violetsville

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Philip Eckhardt

Father's  
Name

Fredk Kipp

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Germany

Name of person giving  
Information

Fredk Martin

How related  
to deceased

Son

CAUSES OF DEATH

108

How long

4 da

Primary

Intestinal obstruction

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R.Gutardie MD

Address

1433 Lombard St

Baltimore

Accident or Suicide?

C. W. Drill  
Linden Park

Name  
in  
Full

Robert Walter Eunnart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highland Town Baltimore County MARYLAND  
Date of death 1909 Month Dec. Day 20 Years 3 Months 4 Days 25

Sax Male Color or Race White Birth-place Maryland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George Eunnart

Mother's Maiden Name Jennie Roeder

Name of person giving Information George Eunnart

Father's Birthplace Maryland

Mother's Birthplace Maryland

How related to deceased Father

Primary

CAUSES OF DEATH

Typhoid fever, Pulmonary edema

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. Sudler, M.D.  
3323 Pa. Bald St.

PHYSICIAN  
OR CORONER

Accident or Suicide

Oaklawn Can.  
Dec. 22/09

H. Sander Sons

Name  
in  
Full

Agnes Sophia Emory -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Manor Glen Baltimore

MARYLAND

Date of death 1909 Dec. 18 Age 69 Months 2 Days 4

Sex Female Color or Race White

Birth-place Harford Co., Md.

Occupation

House wife

Where Residing if not  
at place of death

at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Dr. T. P. Richard Emory

Father's Name Thomas White Hall

Father's Birthplace Harford Co., Md.

Mother's Maiden Name Caroline A. Howard

Mother's Birthplace Baltimore Co., Md.

Name of person giving Information Thomas H. Emory

How related to deceased Son

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

15 hours

Immediate

Asphyxia

How long

a few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

G. F. Van Bibber, M.D.

Address

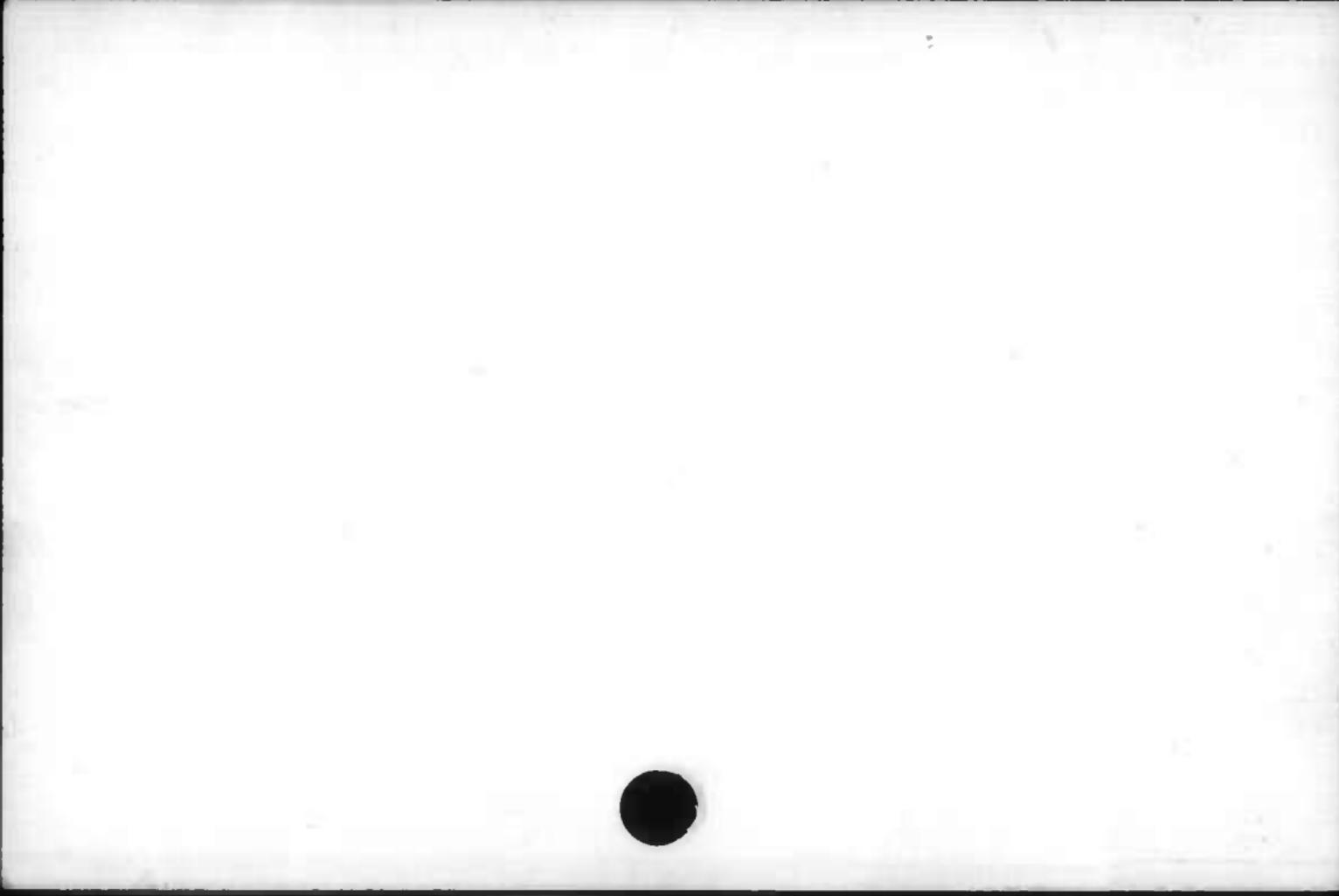
Bel Air,  
Md.

10

Accident or Suicide

No -

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Accident or Suicide

(Gitzpatrick), Nellie

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
	Leatonsville	Balto	
Date of death	Month	Day	Years
190	9 Dec	23	53
Sex	Color or Race	Age	Montha
Female	white	.53	Days
Occupation	Where Residing if not at place of death		
Masseur	X		
Married, Single or Widowed	Name of Wife or Husband		
Single	X		
Father's Name	Father'a Birthplace		
unk	unk		
Mother's Maiden Name	Mother'a Birthplaca		
unk	unk		
Name of person giving Information	How related to deceased		
	-		

CAUSES OF DEATH

Primary

Vascular Disease of Heart

79

How long

4 yrs

Immediate

Pulmonary Edema

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No



Name  
in  
Full

James Albert France  
Hollifields

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Town Died  
Balto County  
Date Month Day Years Months Days  
of death 1909 Dec 6 - 3 3  
Sex Male Color or Recd White Birth-place Maryland

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

James H. France

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Lydia Ella Lilly

Mother's  
Birthplace

Virginia

Name of person giving  
Information

James H. France

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Iron filings.

90

How long

Nov 31 - Dec 6.

Immediate

Asphyxia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

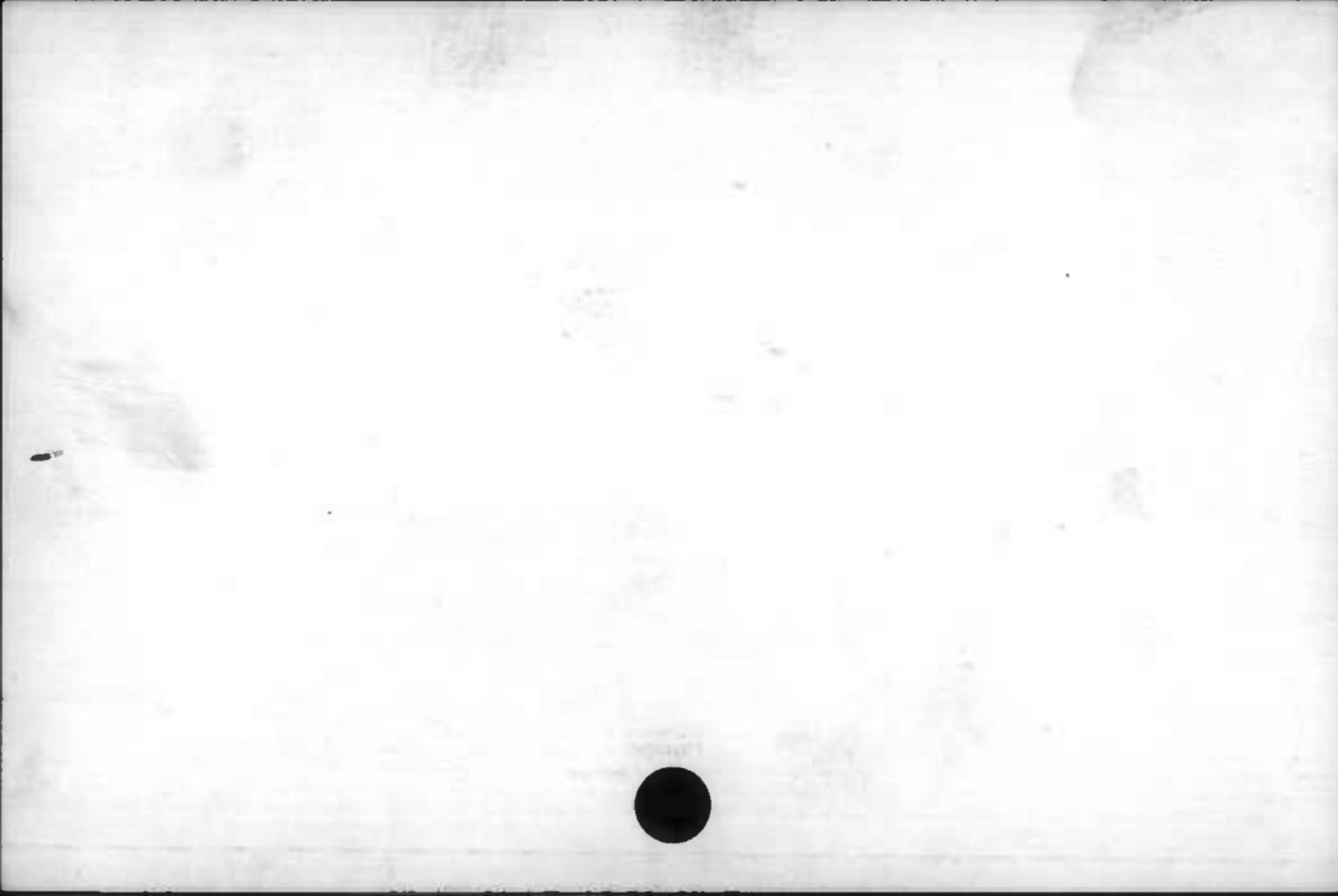
Signature of  
Physician

Address

Dr. J. D. Schubert  
Albion low 2nd

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Miss Phicia D. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Died at	St. Agnes Hospital	Baltimore			MARYLAND	
Date of death	1909	Month Dec.	Day 21	Years 94	Months —	Days —
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	None	Where Residing if not at place of death St. Agnes Hospital				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Zekiel Freeman	Father's Birthplace Mass				
Mother's Maiden Name	Rebecca Price	Mother's Birthplace Mass				
Name of person giving Information	Hospital Record	How related to deceased				

CAUSES OF DEATH

154

How long

How long

3 weeks.

PHYSICIAN  
OR CORONER

Primary Senility

Immediate Asthma

Are the name, age, sex, color, date and place correctly given above?

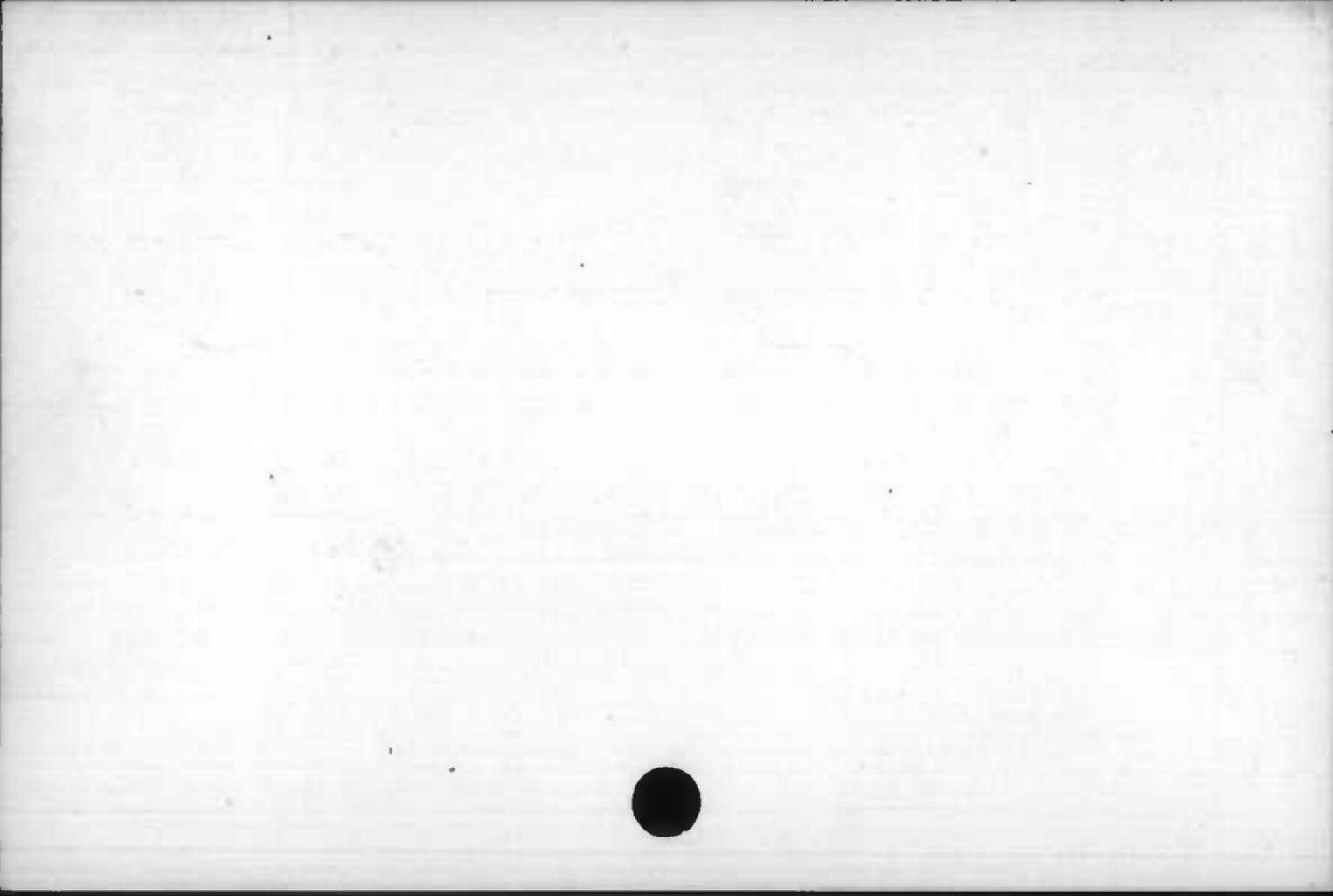
Signature of Physician

Address

Yes

Gredy Cronk  
St. Agnes Hospital

Accident or Suicide?



Name  
in  
Full

Mrs Priscilla Ann Fullon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cockeysville</i>	County <i>Baltimore</i>		MARYLAND		
Date of death	Month	Day <i>1909 Dec 15</i>	Age <i>51</i>	Years	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Baltimore</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widower <i>Married</i>	Name of Wife or Husband <i>William Thos Fullon</i>			Father's Name <i>John Wesley Grohman</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Minnie Behrffer</i>			Mother's Birthplace <i>Baltimore</i>	Name of person giving Information <i>Wm Thos Fullon</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

167

Primary  
*Burns Flawor (accident)*

How long

*Four weeks*

Immediate  
*Shock*

How long

*12 hours*

Are the name, age, sex, color, date  
and place correctly given above?

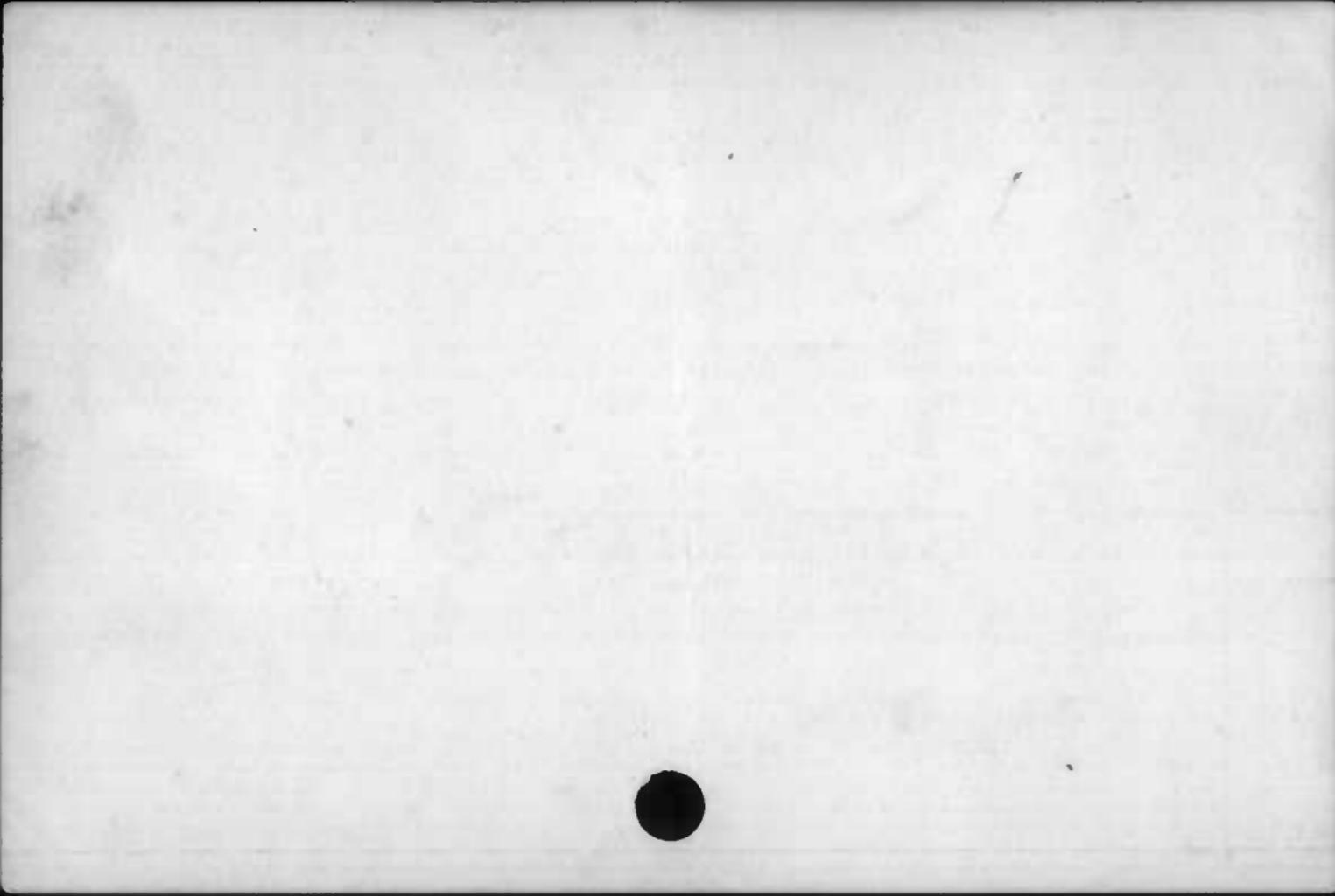
Signature of  
Physician

Address

Accident or Suicide?

*Accident*

*Dr W. R. Grayson  
Cockeysville Md*



Name  
in  
Full

John Wesley Gardner

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Month

Day

Years

Montha

Days

December 21st

Age 70

Date

of death 1909

Sex

Male

Color or  
Race

White

Birth-  
place

Timber Grove

Occupation

Farmer

Where Residing if not  
at place of death

Residence of Mr. Logsdon

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Part know

Father's  
Birthplace

Carroll County

Father's  
Name

Johnsy Gardner

Mother's  
Birthplace

Baltimore Co.

Mother's  
Name

Miranda Gosnell

How related  
to deceased

Sister

Name of person giving  
Information

Mrs. N. C. Logsdon

CAUSES OF DEATH

Primary

Nephritis

120

✓

How long

1 year

Immediate

General weakness

How long

2 or 3 days

Are the name, age, sex, color,  
and place correctly given above?

Ys

Signature of  
Physician

Address

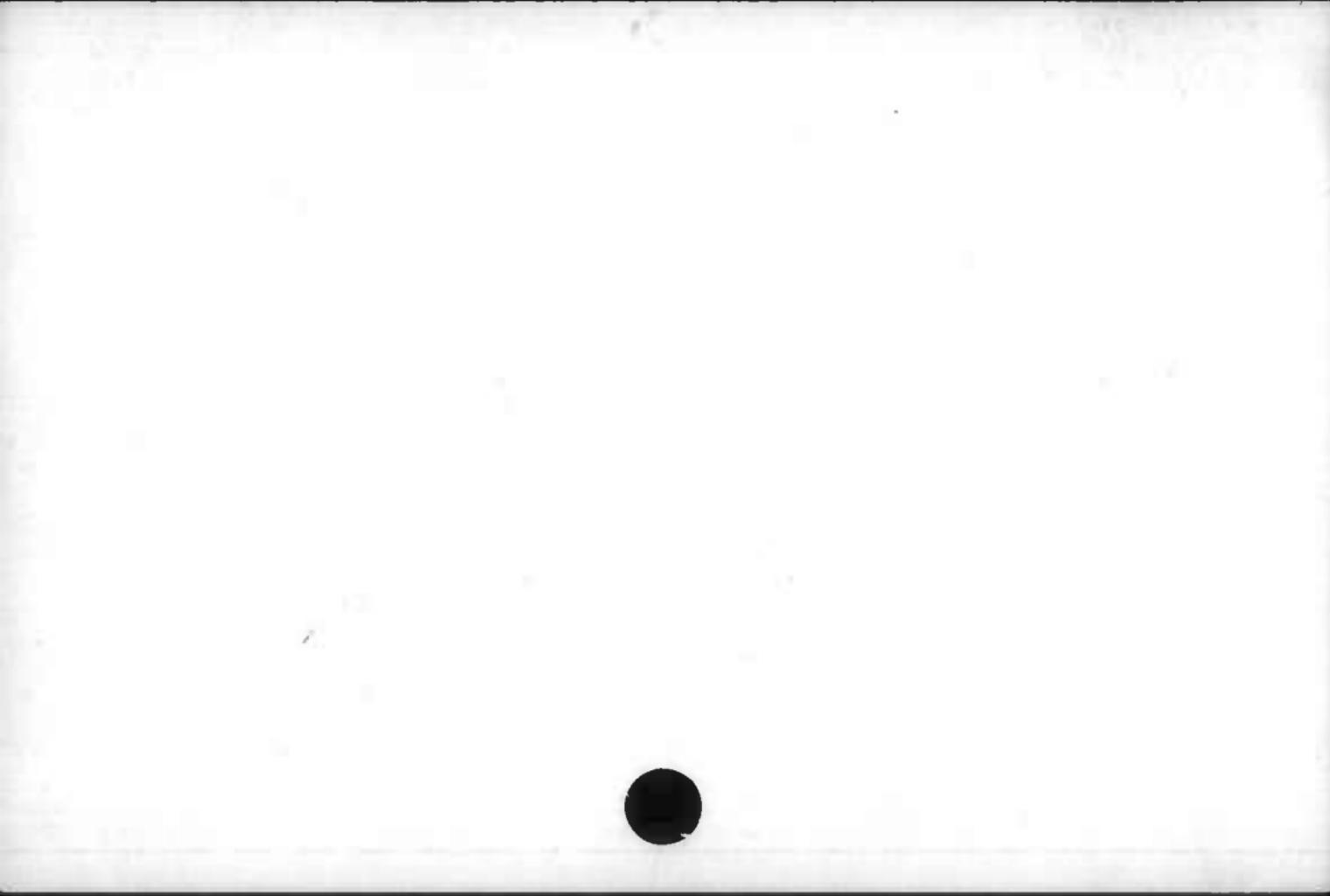
Howard Price

Glyndale

Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Ruch A. Gillespie

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Rossville

County  
Bal

MARYLAND

Date  
of death

1909

Month  
Dec

Day  
16

Years  
1

Months  
2

Days  
22

Sex

Female

Color or  
Race  
whit

Birth-  
place  
md

Occupation

Child

Where Residing if not  
at place of death

Married, Single  
or Widowed

sing

Name or Wife or  
Husband

—

Father's  
Name

Chas T. Gillespie

Father's  
Birthplace  
md

Mother's  
Maiden Name

Alice E. Stever

Mother's  
Birthplace  
Md

Name of person giving  
Information

Chas T. Gillespie

How related  
to deceased  
Juf

CAUSES OF DEATH

Primary

Pneumonia

93

8 day s

How long

Immediate

Heart Failure

How long

6 hr

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

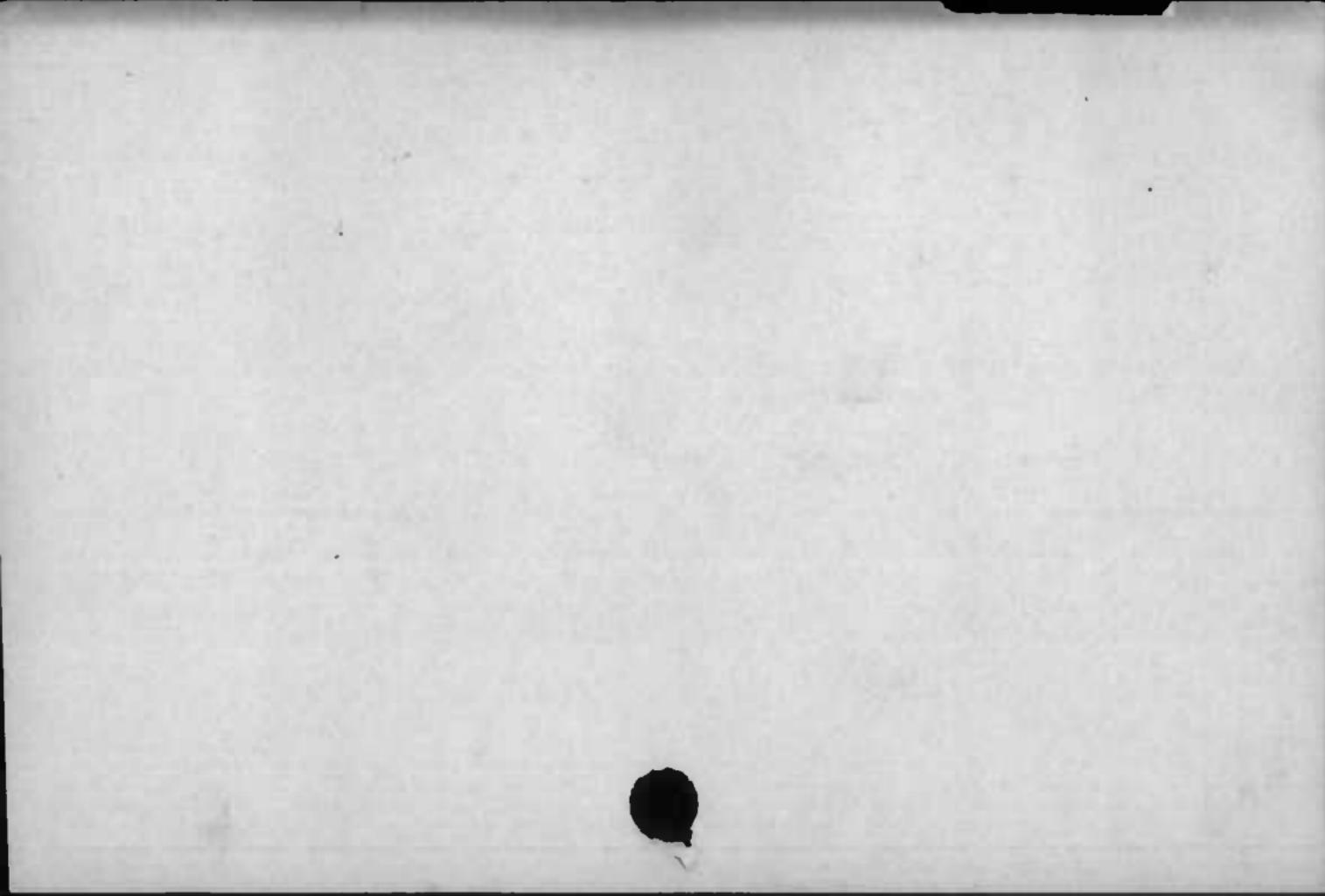
John W. Harrison M.D.  
Middle River

Accident or Suicide?

no

md

15



Name  
in  
Full

John F. Gontzum

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Gardenville	Baltimore		Months	Days	
Date of death	Month	Day	Age	Years	
1909	Dec	27	51	51	11
Sex	Male	Color or Race	White	Birth-place	Gardenville, Baltimore Co.
Occupation	Attorney at Law				
Married, Single or Widowed	Where Residing if not at place of death				
Morris	Name of Wife or Husband	Mary H. Gontzum			
Father's Name	John Gontzum				
Mother's Maiden Name	Corofine Kingle				
Name of person giving information	John S. Biddison				

CAUSES OF DEATH

27

How long

7 mo

How long

7 mo

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Gerry L. Long M.D.  
Hamilton  
Mo 11

Accident or Suicide?

No

George Schilling & Sons  
Funeral Directors  
A. W. Corrigan & Monument Co.  
Baltimore Md

Buried in Biddisons Family Cemetery  
Bordenville

Name  
in  
Full

Willard P. Gould

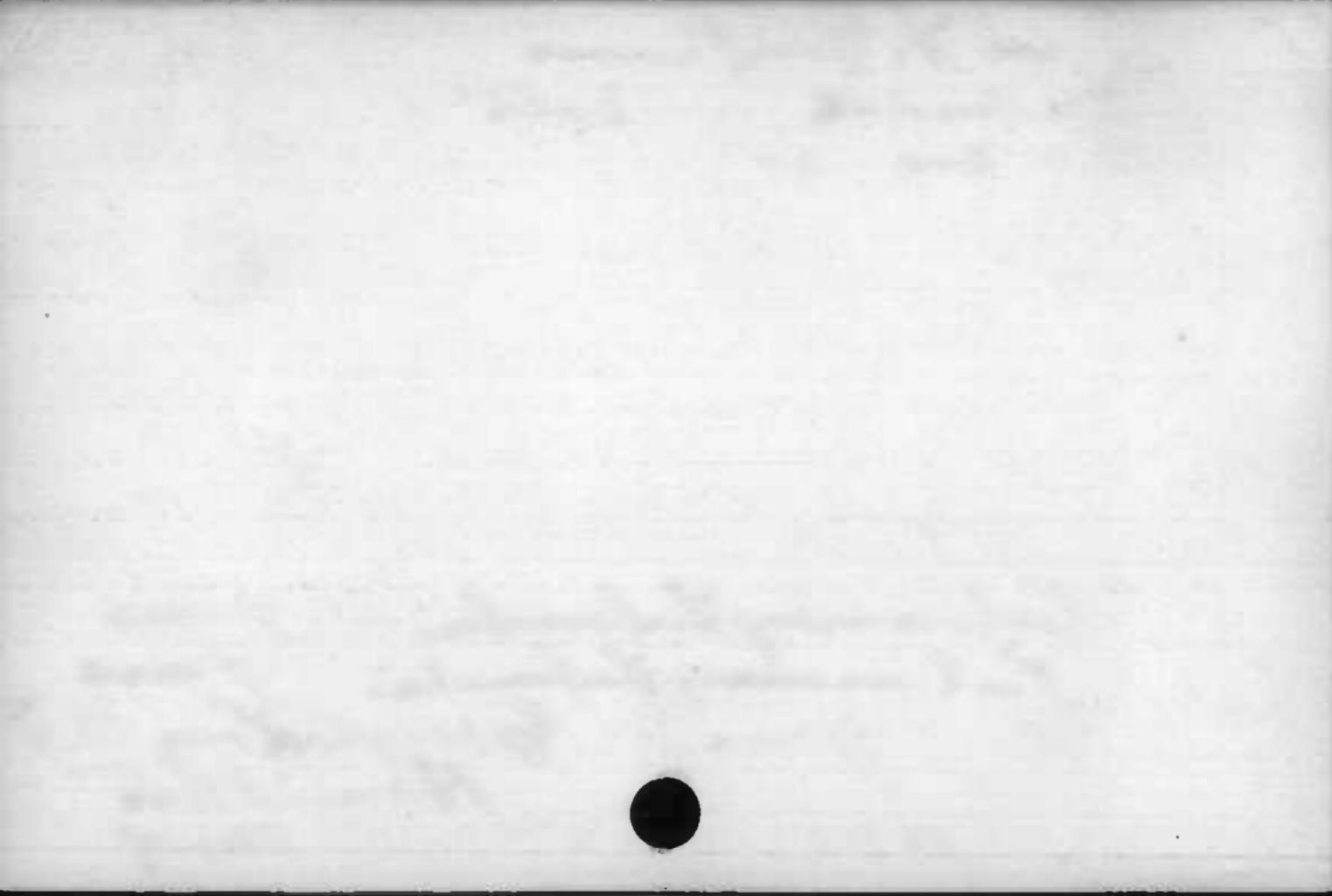
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Dec	Day 16	Years 2	Months 5	Days 3
Sex Male	Color or Race white	Occupation	Birthplace Baltimore Co.		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Horace W. Gould	Father's Birthplace Md				
Mother's Maiden Name Margaret Durham	Mother's Birthplace Md				
Name of person giving Information H. W. Gould	How related to deceased Father				
CAUSES OF DEATH					
Primary Croupous pneumonia & diphtheria	How long Six days				
Immediate Exhaustion	How long Six days				

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Edwin E. Gould	Address Arlington Md
Accident or Suicide?		



Name  
in  
Full

Penelope P. Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Shawnee Town Balts County  
Date of death 1909 Month 12 Day 13 Age 79 Years  
Months 4 Days 13

MARYLAND

Sex Female Color or Race White Birth-place Balts Co

Occupation

Housewife

Where Residing if not  
at place of death

Shawnee

Married, Single  
or Widowed

Name of Wife or  
Husband

Edwin Griffith

Father's Name

John Parker

Father's Birthplace

Balts Co

Mother's Maiden Name

Margaret Stevens

Mother's Birthplace

Pa

Name of person giving  
Information

Ann D. Griffith

How related  
to deceased

Son

CAUSES OF DEATH

65

How long

2 years

Primary

Senile softening of Brain

How long

4 days

Immediate

effusion. cerebral

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. W. S. Brinson  
Oaklynville Md

Accident or Suicide

Funeral at Friends  
Cemetery Oregon on  
Thursday 15<sup>th</sup>

N. C. Brooks

Name  
in  
Full

Frank Grie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died Near Avalon

Town

County

Baltimore

MARYLAND

Date  
of death 1909 Dec

Month

Day

Years

Months

Days

Age 81

4

29

Sex Male

Color or  
Race

White (German)

Birth-  
place

Prussia

Occupation

None

Where Residing if not  
at place of death

Avalon, Md.

Married, Single  
or Widowed

Name of Wife or  
Husband

Katherine Day

Father's  
Birthplace

Prussia

Father's  
Name Johann Grie

Mother's  
Birthplace

Prussia

Mother's  
Maiden Name Altpoeler

How related  
to deceased

Son

Name of person giving  
Information

Rudolph Grie

CAUSES OF DEATH

Primary

Age

90

How long

Immediate

Acute Bronchitis

1 month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

M. R. Eareckson  
Eck Ridge, Md.

Accident or Suicide

Perryman  
Barford & Co  
Cowan & Giel

Name  
in  
Full

Joseph

Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at 312 Woodlawn Road, Roland Park, Baltimore Co., MARYLAND

Date of death 190 Month Dec Day 27 Years Months Days

Sex Male Color or Race Negro

Occupation General laborer Where Reiding if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Harry Hall

Mother's Name Maiden Name Martha Jane Williams

Name of person giving Information Andrew Thompson

Birth-place Long Grove

Father's Birthplace Long Grove, N.Y.

Mother's Birthplace Hamburg, Pa.

How related to deceased Sister

175

How long

How long

2 hours

Primary Eating sausage meat.

Immediate Typhoid Poisoning.

Are the name, age, sex, color, date and place correctly given above?

Lawrence Murphy

Accident or Suicide

Signature of Physician

Address

b. L. Thompson West  
312 Woodlawn Road  
Roland Park

PHYSICIAN  
OR CORONER

R. S. Elliott

712 Jackson Street  
Bismarck, N.D.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William R. Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at Pimlico

Town

County

Baltimore

Date of death 1909 Dec

Month

19<sup>th</sup>

Years  
Age 45

Months

Days  
15

Sex Male

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Banker

Where Residing if not  
at place of death

1820 Eutaw Place

Married, Single  
or Widowed

Name of Wife or  
Husband

Jannie Frost Hammond

Father's  
Name

William R. Hammond

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary G. Marshall

Mother's  
Birthplace

Delaware

Name of person giving  
information

Thomas J. Hammond

How related  
to deceased

Brother

CAUSES OF DEATH

178

How long

Primary

Heart Failure - Sudden death

Immediate

Fell dead in Maryland County Club

How long

immediate

(M.D.P.)

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Richel & Beran of  
"Arling Coronet"

Address

Accident or homicide?

No.

2/14/10

Dr Taylor Dear Sir:-

Please grant Stewart & Mowen Co  
permitt to remove  
Remains to Baltimore City  
also to bury in David  
Ridge Cemetery

Stewart & Mowen Co  
Dec 19<sup>th</sup> 09      Jas Mowen

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Emory Haufale

CERTIFICATE OF DEATH

Town	County			MARYLAND	
Died at	Perry Hall	Baltimore		Months	Days
Date of death	1909	Month Dec	Day 18	Age 27	
Sex	Male	Color or Race	white	Birth-place	med
Occupation	Laborer	Where Residing if not at place of death			Same
Married, Single or Widowed	Single	Name of Wife or Husband	✓		
Father's Name	Solon Haufale			Father's Birthplace	Pa
Mother's Maiden Name	Mary Shaffer			Mother's Birthplace	Pa
Name of person giving Information	Mrs. Haufale			How related to deceased	Father

CAUSES OF DEATH

Primary

Suffocation

64

How long

few moments

Immediate

Same

How long

few moments

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. F. & G. Gorsuch

Fifth med

Accident or Suicide



Name  
in  
Full

John Albert Hartmann  
Town  
Canton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Town Month Day Year Months Days  
Date of death 1909 Dec 2nd — 10 10

Sex Male Color or Race White Birth-place Balto. Co.

Occupation None Where Residing at place of death 815 S. Second St.

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John A. Hartmann Father's Birthplace Balto. Md.

Mother's Maiden Name Lena Barker Mother's Birthplace Berkley Springs W. Va.

Name of person giving Information Lena Hartmann How related to deceased Mother.

CAUSES OF DEATH

Primary

Mining it is

61

How long

1 week

Immediate

Cardiac failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Q.S. Neer  
619 Patterson Place.

PHYSICIAN  
OR CORONER

Accident or Suicide

Mount Carmel Cemetery

Dec 4<sup>th</sup> 1909

Lilly and Geeler  
Underlakes.

Name  
in  
Full

Adam Henry

Tuxedo Park.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County MARYLAND  
Baltimore

Date of death	Month	Day	Age	Years	Months	Days
1909	Dec	29	74		8	17
Sex	m	Color or Race	White	Birth-place	Maryland.	
Occupation	none	Where Residing if not at place of death	Tuxedo Park.			
Married, Single or Widowed	widowed	Name of Wife or Husband	Hannah Henry	Father's Birthplace	Mr.	
Father's Name	Peter Henry	Mother's Maiden Name	Juhnowna	Mother's Birthplace	Pa.	
Mother's Maiden Name	—	Name of person giving Information	Mrs Henry	How related to deceased	daughter	

CAUSES OF DEATH

Primary

Arthritis -

Immediate

yes

Signature of  
Physician

Address

Are the name, age, sex, color, date  
and place correctly given above?

154

How long

How long

Harry C. Algir  
340 Roland Ave

PHYSICIAN  
OR CORONER

Accident or Suicide

A. S. Marshall 3539 Little Rock.

To D Jan 1-1980

to New Windsor  
Md

Name  
in  
Full

George W. Herfel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Canton

Town

County

Balto.

Date of death 1909 Dec.

Month

Day

Years

6<sup>th</sup>

Age

53

Montha

Days

Sex Male

Color or  
Rece

White

Birth-  
place

Balto. Md.

Occupation

Caffer.

Where Residing  
at place of death

3409 Hudson St.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Emily R. Herfel.

Father's  
Birthplace

Balto. Md.

Father's  
Name

Henry Herfel.

Mother's  
Maiden Name

Don't Know.

Mother's  
Birthplace

Germany

Name of person giving  
Information

Emily R. Herfel

How related  
to deceased

Wife

CAUSES OF DEATH

Primary

Straugulation<sup>11</sup> days to

176

How long

Immediate

strangulation in throat

How long

Are the name, age sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. S. Suder M.D. Coroner  
3323 N. Balt St

PHYSICIAN  
OR CORONER

I

Accident or Suicide

Accident

Oak Lawn Cemetery

Dec 10<sup>th</sup> 1909

Lilly and Zeiler  
Undertakers

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs. S. W. Hill. (Mrs Susan Virginia Hill)

CERTIFICATE OF DEATH

MARYLAND

Died at Near Altaville Baldo.  
Town County

Date Month Day Years Months Days  
of death 1909 12 25 37 3

Sex Female Color or Race White  
Occupation House Duties Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband William Hill

Father's Name Jacob C. Dimes

Mother's Maiden Name A. Bell

Name of person giving Information Mrs. Sarah Stadman How related to deceased Sister

120

How long

How long

CAUSES OF DEATH

Primary

Interstitial Nephritis Four mos.

Immediate

Unknown.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. J. H. Morris M.D.  
Altaville Md.

Accident or Suicide

S. Hillinger & Son

Name  
in  
Full

Geo J Hillmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Roslyn		Town County Balti		MARYLAND	
Date of death 1909 Dec	Month	Day 30 <sup>th</sup>	Years	Months	Days 1
Sex male	Color or Race white	Birth-place Md			
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Friedrich Hillmeyer	Father's Birthplace Maryland				
Mother's Maiden Name Minnie Schum	Mother's Birthplace				
Name of person giving Information Minnie Hillmeyer	How related to deceased mother				

CAUSES OF DEATH

Primary

Hypertension

90

How long

3 month

Immediate

Acute Bronchitis

How long

1 week

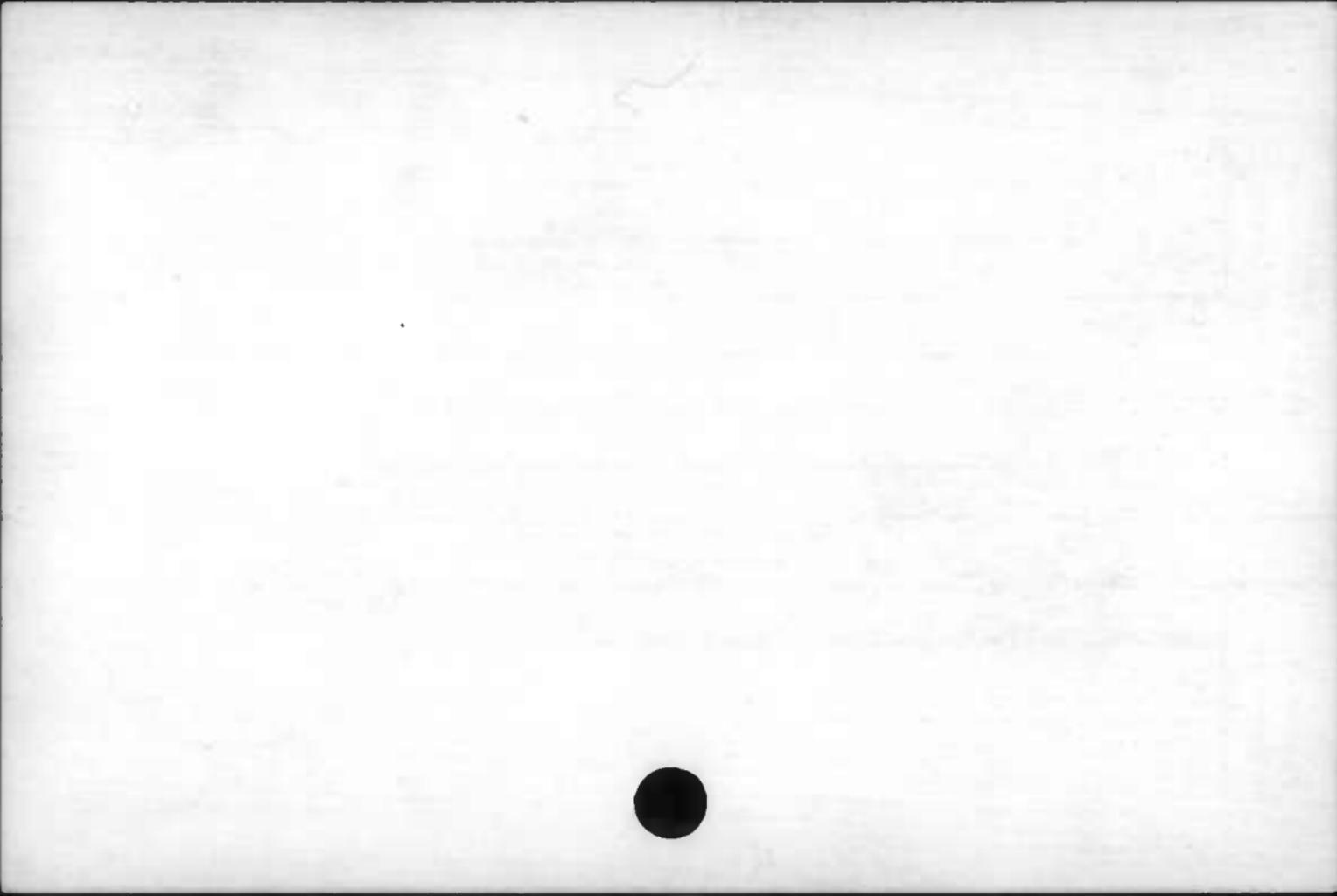
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. C. Sminish  
West Forest Park

Accident or Suicide



Name  
in  
Full

Infant of Thomas & Daisy Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died et

Town

County

MARYLAND

Date  
of death 1909

Month

Day

Years

Months

Days

12  
29

Age

4

Sex

Male

Color or  
Race

Colored

Birth-  
place

Pikesville Md.

Occupation

Where Residing if not  
at place of death

Pikesville Md.

Married, Single  
or Widowed

Singl

Name of Wife or  
Husband

Father's  
Name

Thomas Howard

Father's  
Birthplace

Va

Mother's  
Maiden Name

Daisy Stephen

Mother's  
Birthplace

Baltimore Co.

Name of person giving  
Information

Thomas Howard

How related  
to deceased

Father

CAUSES OF DEATH

151

How long

Primary

Lungs improperly expanded at birth

How long

Immediate

Unknown

Indefinite

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

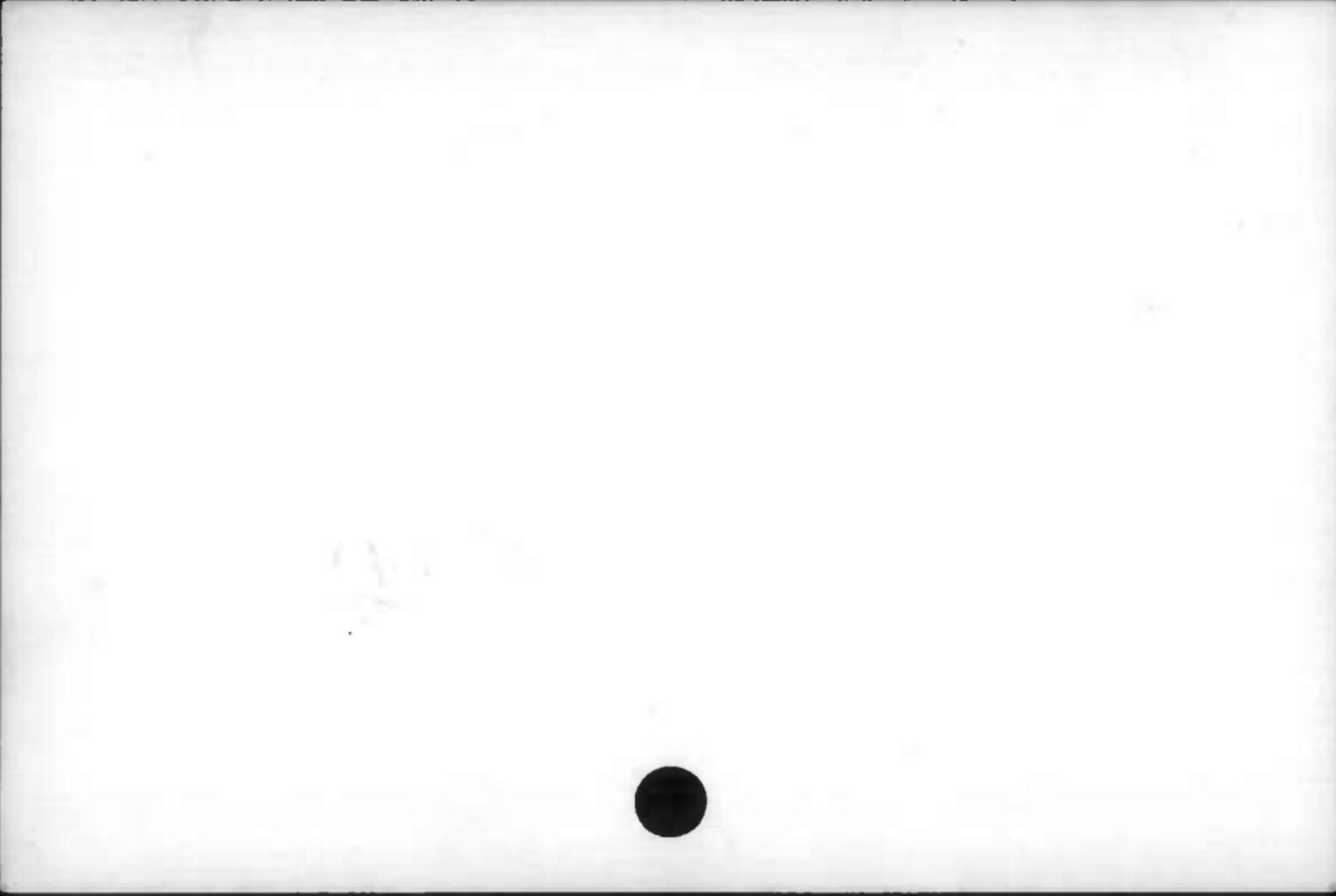
A. Louis Mayher

Pikesville

Mar 3

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry William Kuntzmueller

CERTIFICATE OF DEATH

MARYLAND

Died at

own  
Mt. Washington

County

Baltimore

Month

Days

Date  
of death

1909

Month

Day

Years

Age

Month

Days

Sex

male

Color of  
Race

white

Birth  
place

Month

Days

Occupation

Merchant. (Fish)

Where Residing if not  
at place of death

Some.

Married, Single  
or Widowed

Married

Name of Wife  
Husband

Mary Roberts Kuntzmueller

Father's  
Name

Frederick Kuntzmueller

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Margaretha Somerkamp

Mother's  
Birthplace

Phila. C. Pa

Name of person giving  
Information

H. W. Kuntzmueller

112

How long

How long

3 yrs. 4 mos.

9 months.

CAUSES OF DEATH

Primary

Arterio-Sclerosis, later

Immediate

Sclerosis of liver. Asthma

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

William J. Todd  
Mt. Washington

Accident or Suicide

Place of burial Druid Ridge Cemetery

Henry W. Jenkins & Sons Co  
Funeral Directors

S.E. cor McCallum & Orchards Sts.  
Bolton N.Y.

Name  
in  
Full

Mary Jane Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Calversville

Town

County

Baltimore

MARYLAND

Date of death 1909 Dec.

Month

Day

Year

Months

3 Days

9

Age —

—

7 hours.

Sex Female

Color or Race

Colored

Birth-place

Calversville

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Howard Co. Md.

Marshall E. Jackson

Mother's  
Maiden Name

Ella Louise Anderson

Mother's  
Birthplace

Howard Co. Md.

Name of person giving  
Information

Marshall E. Jackson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Asthma

151

How long

7 hours -

Immediate

Cardiac Failure

How long  
Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

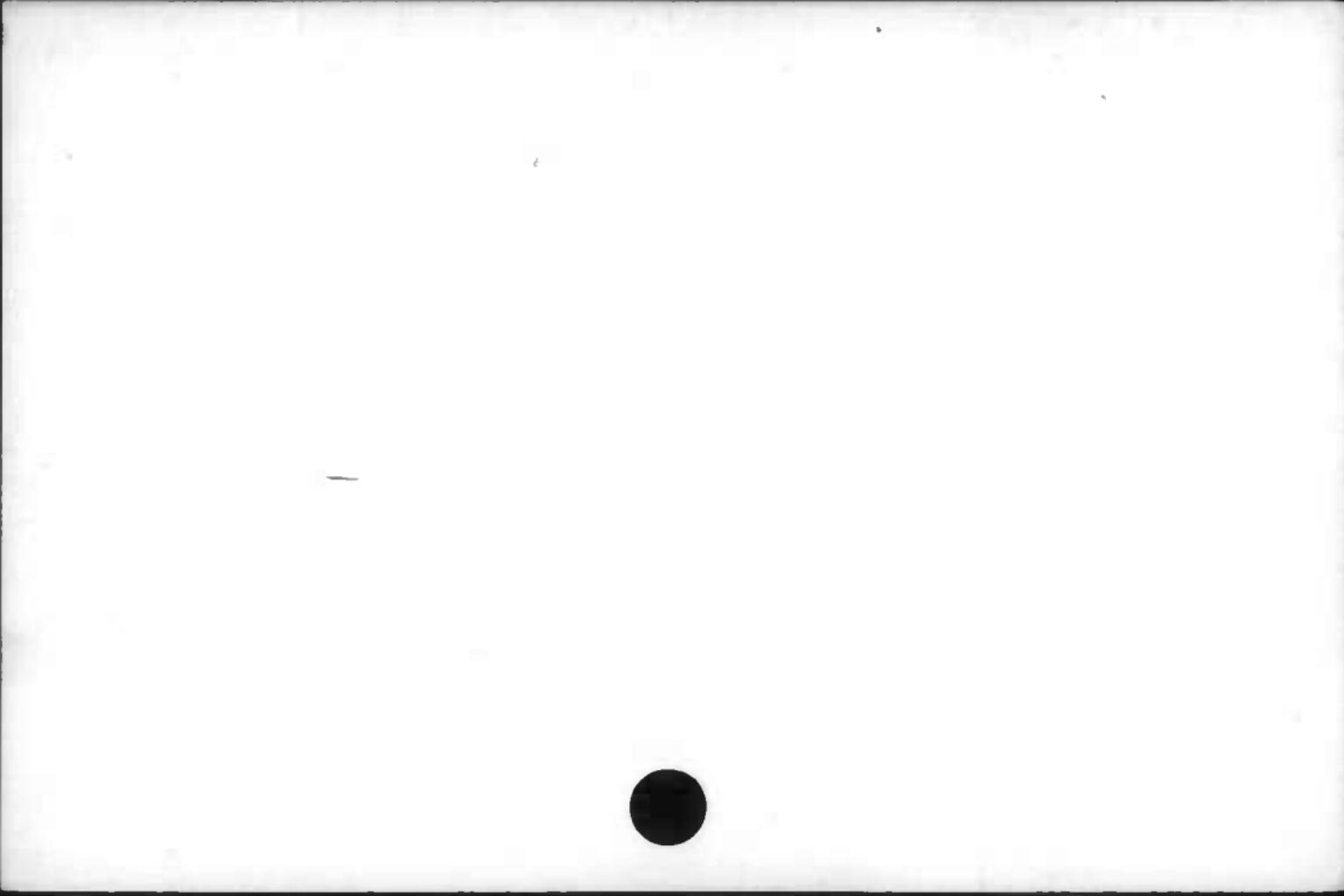
Address

Frederick L. Palmer  
Coroner  
Calversville Md.

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wmmy Henry James

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at West Roland Park Baltimore County

Date of death 1909 Month Dec Day 2

Age 86 Years

Months 2 Days 14

Sex Male Color or Race colored

Birth-  
place

Occupation Labor

Where Residing if not  
at place of death

Baltimore

Married, Single  
or Widowed

Name of Wife or  
Husband

Elizabeth James

Father's Name

James James

Father's Birthplace

Mother's Maiden Name

Violet Wallace

Mother's Birthplace

Name of person giving  
Information

Wm James

How related  
deceased

Primary

CAUSES OF DEATH

154

How long

1 year

Immediate

Sinile Slementia

1 week

Exhaustion

Yes

Signature of  
Physician

Address

M. Gibson Forte  
Roland Park 2nd

PHYSICIAN  
OR CORONER

q

Accident or Suicide

n

~~\$~~ Zion Church  
Bologna Ave

J. S. Marshall  
3539 Fall Road

Dec 4-1909

Name  
in  
Full

not named. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore County	MARYLAND
Died at Relay	25 <sup>th</sup>	Age 12 hours
Date of death 1909 Dec	Month	Years
Sex female	Color or Race white	Birth-place Maryland
Occupation housewife	Where Residing if not at place of death resided at place of death	
Married, Single or Widowed single	Name of Wife or Husband	
Father's Name Charles Eugene Johnson	Father's Birthplace Maryland	
Mother's Maiden Name Margaret Agnes Murphy	Mother's Birthplace D. C.	
Name of person giving Information Chas E Johnson	How related to deceased Father	

CAUSES OF DEATH

151

Primary debility from pulmonary fistula - 12 hours

How long

Immediate some

some

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Arthur Williams  
Elk Ridge Md

Accident or Suicide no

St Augustine  
Cathedral.

Elkridge Howard Co.

Johnson

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

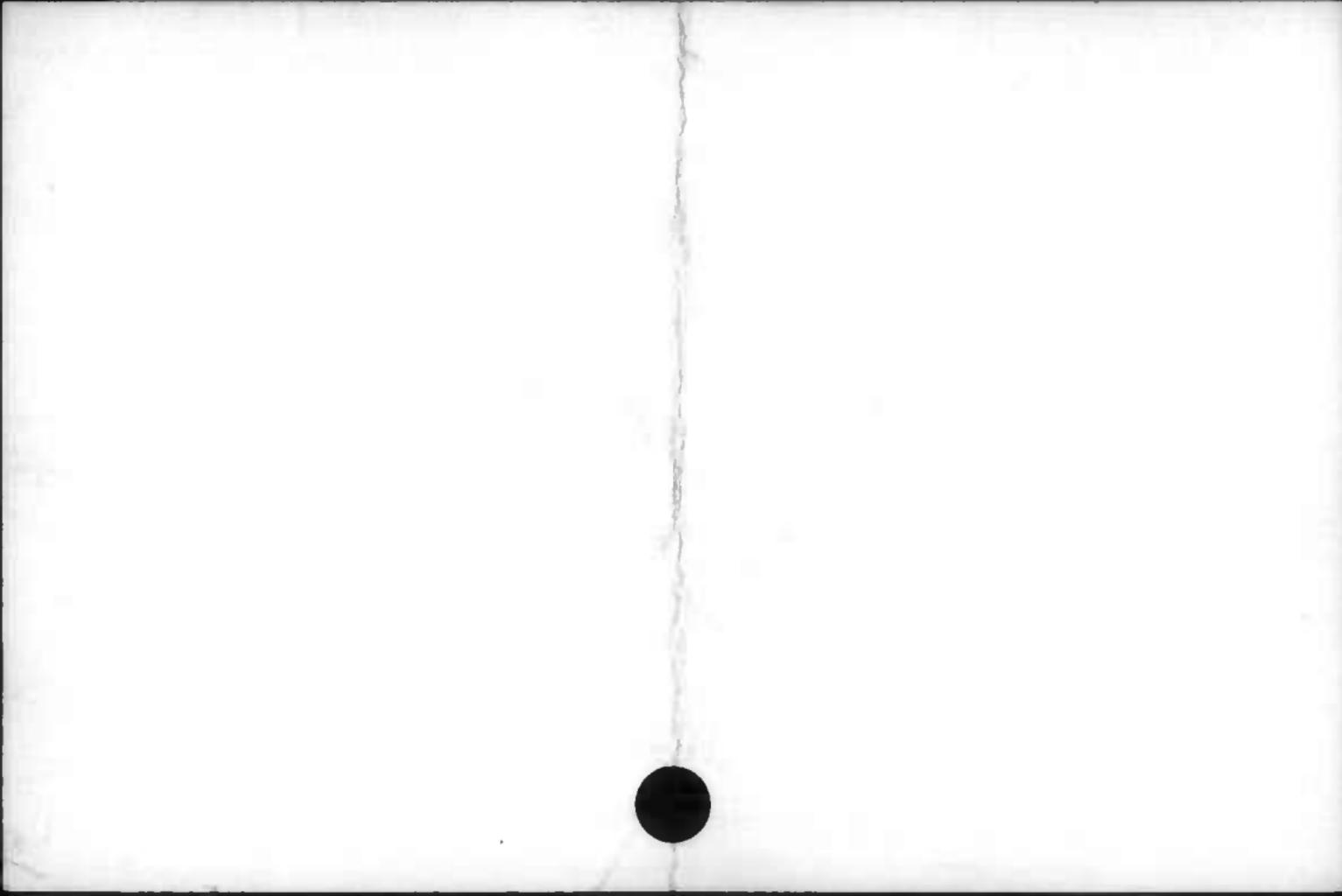
Erteela A Johnson -

CERTIFICATE OF DEATH

Died at	Long Green	Town	Baltimore	County	MARYLAND		
Date of death	1909	Month	Dec	Day	8	Months	
Sex	Female	Color or Race	Black	Age	20	Days	
Occupation	House girl	Where Residing if not at place of death				Zoyer Fulhamill -	
Married, Single or Widowed	Singer	Name of Wife or Husband		—			
Father's Name	John F. Johnson			Father's Birthplace			
Mother's Maiden Name	Georganna Cox -			Baltimore Co.			
Name of person giving Information	John F. Johnson			Mother's Birthplace			
Primary	CAUSES OF DEATH						
Immediate	Kipp's & Pleurisy Pneumonia tuberculosis	27					
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long				
		John S. Green,	more or less for 2 years				
			How long				
			not known				

Address

Accident or Suicide



Name  
in  
Full

Still born infant Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Sparrows Point	Baltimore				
Date of death 1909	Month Dec.	Day 1st	Years —	Months —	Days —
Sex male	Color or Race Black	Birth-place Sparrows Point			
Occupation —	Where Residing if not et place of death Sparrows Point				
Married, Single or Widowed	Name of Wife or Husband —				
Father's Name Squire Johnson	Father's Birthplace Va				
Mother's Maiden Name Martha Coleman	Mother's Birthplace Va				
Name of person giving Information Martha C. Johnson	How related to deceased mother				

CAUSES OF DEATH

Primary

Premature birth (6 mo)

⑧

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

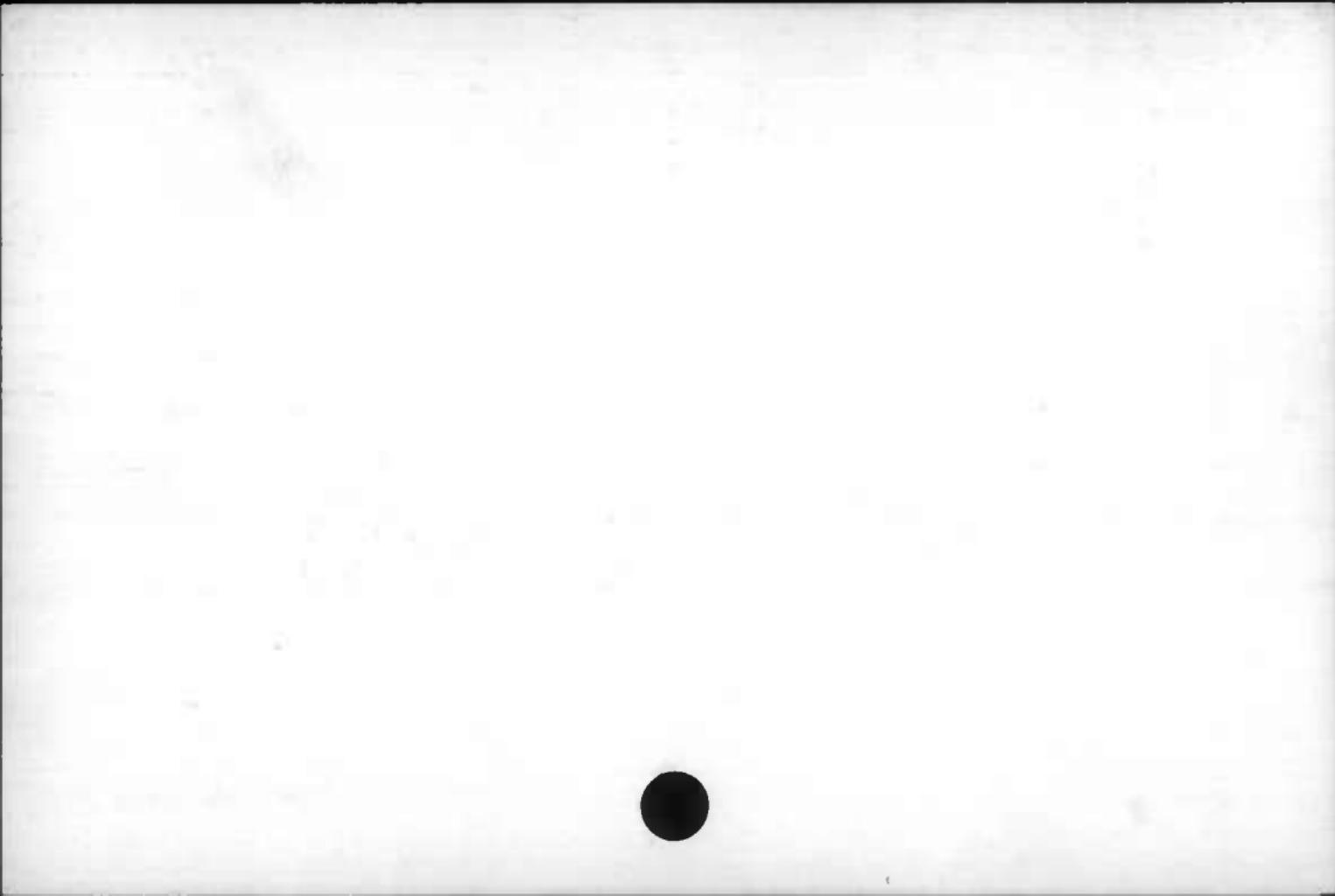
G.B. McCormick MD  
Sparrows Point

Md. 15

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

Mary Rebecca Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec	24	2	11	-
Sex	Female	Color or Race	Colored	Birth-place	Washington DC
Occupation	Name		Where Residing if not at place of death	Catawsville bed.	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Johnson		Father's Birthplace	Prince Geo. Co. Md.	
Mother's Maiden Name	Jane Driver		Mother's Birthplace	Prince Geo. Co. Md.	
Name of person giving Information	Frank Johnson		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough		⑧	3 months
Immediate	Convulsions			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	How long	2 hrs
				Drs. Stultz bed, Catawsville bed.
Accident or Suicide?				

Albert. & Elliott.  
Progressive 90° of

Name  
in  
Full

Unknown, (supposed to be George James) (colored)  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Died at Rodger Ave near Charles Ave Park  
Month Day Years Months Days  
Date of death 1909 Dec. 9 Age not Known  
Sex male Color or Race not Known Birth-place not Known  
Occupation not Known Where Residing if not at place of death not Known  
Married, Single married Name of Wife or Husband Hattie Jones  
or Widowed not Known not Known  
Father's Name J. Young Jones Father's Birthplace not Known  
Mother's Maiden Name not Known Mother's Birthplace not Known  
Name of person giving Information William J. Irvin How related to deceased son

Primary

Suffocation.

CAUSES OF DEATH

Immediate

Burning of Stabbed by Lawrence Murphy Jr.  
Signature of Physician

Are the name, age, sex, color, date  
and place correctly given above? not Known

Signature of  
Physician

Address

William J. Irvin  
McWashington MD

Verdict of Coroner's Jury  
over

Lawrence Murphy, coroner

PHYSICIAN  
OR CORONER

Accident or Suicide accident over

167

How long

How long

Head, legs left arm burned off  
Right forearm burned off.  
Sternum and anterior ribs burned.

Name  
in  
Full

Harry D. Kall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Woodlawn	Balto				
Date of death	1909 Dec 11 <sup>st</sup>	Month Day	Age	21	Month	Days
Sex	male	Color or Race	white	Birthplace	Md.	
Occupation	Laborer		Where Residing if not at place of death	—		
Married, Single or Widowed	single	Name of Wife or Husband	—	Father's Birthplace	Md.	
Father's Name	Frank Kall		—	Mother's Birthplace	Md.	
Mother's Maiden Name	Emma Weaver		—	How related to deceased	Brother	
Name of person giving Information	John Kall		—	93	How long	

CAUSES OF DEATH

Primary

Globus Pneumonia

93

6 days

Immediate

Respiratory Failure

How long

6 hours

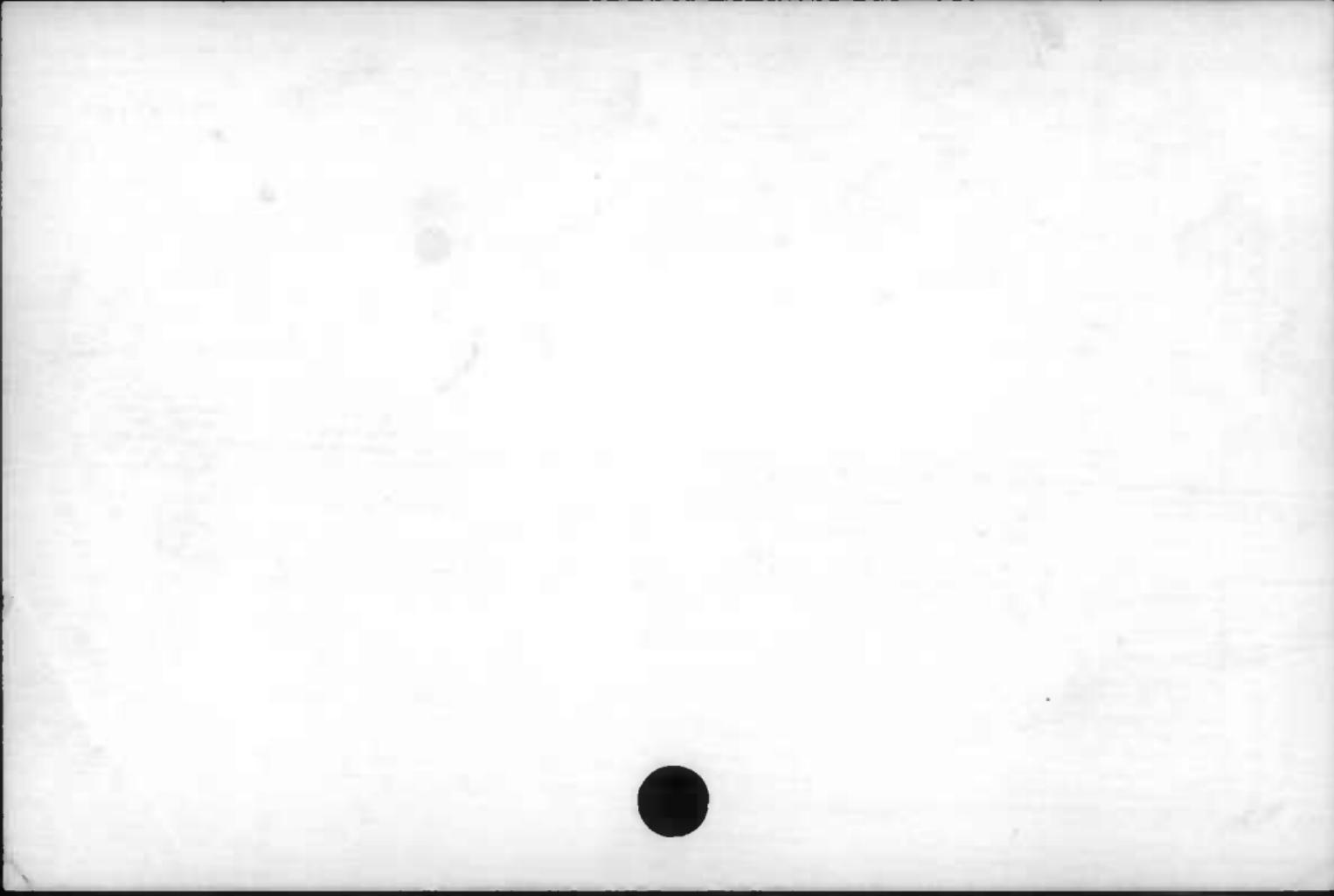
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. C. Sunish  
West Forest St.  
Md.

Accident or Suicide



Name  
in  
Full

Ellen Kavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County	MARYLAND			
Diad at Mt Hope Retreat	Baltimore	Month	Day	Year	Months Days
Date of death 1909	Dec	20 <sup>th</sup>	Age 68	not Known	not Known
Sex Female	Color or Race White	Birth-place Ireland			
Occupation Housework	Where Residing if not at place of death Baltimore				
Married, Single or Widowed Widow	Name of Wife or Husband —	not Known			
Father's Name	not Known	Father's Birthplace	not Known		
Mother's Maiden Name "	"	Mother's Birthplace	"	"	
Name of person giving Information	Recls Mt Hope Retreat	How related to deceased	Wife	all	

CAUSES OF DEATH

Primary

Melauchobia

68

How long

over 3 yrs -

Immediate

Ex Cardiac Nethamia also 6 wks

Are the name, age, sex, color, date and place correctly given above?

Yes

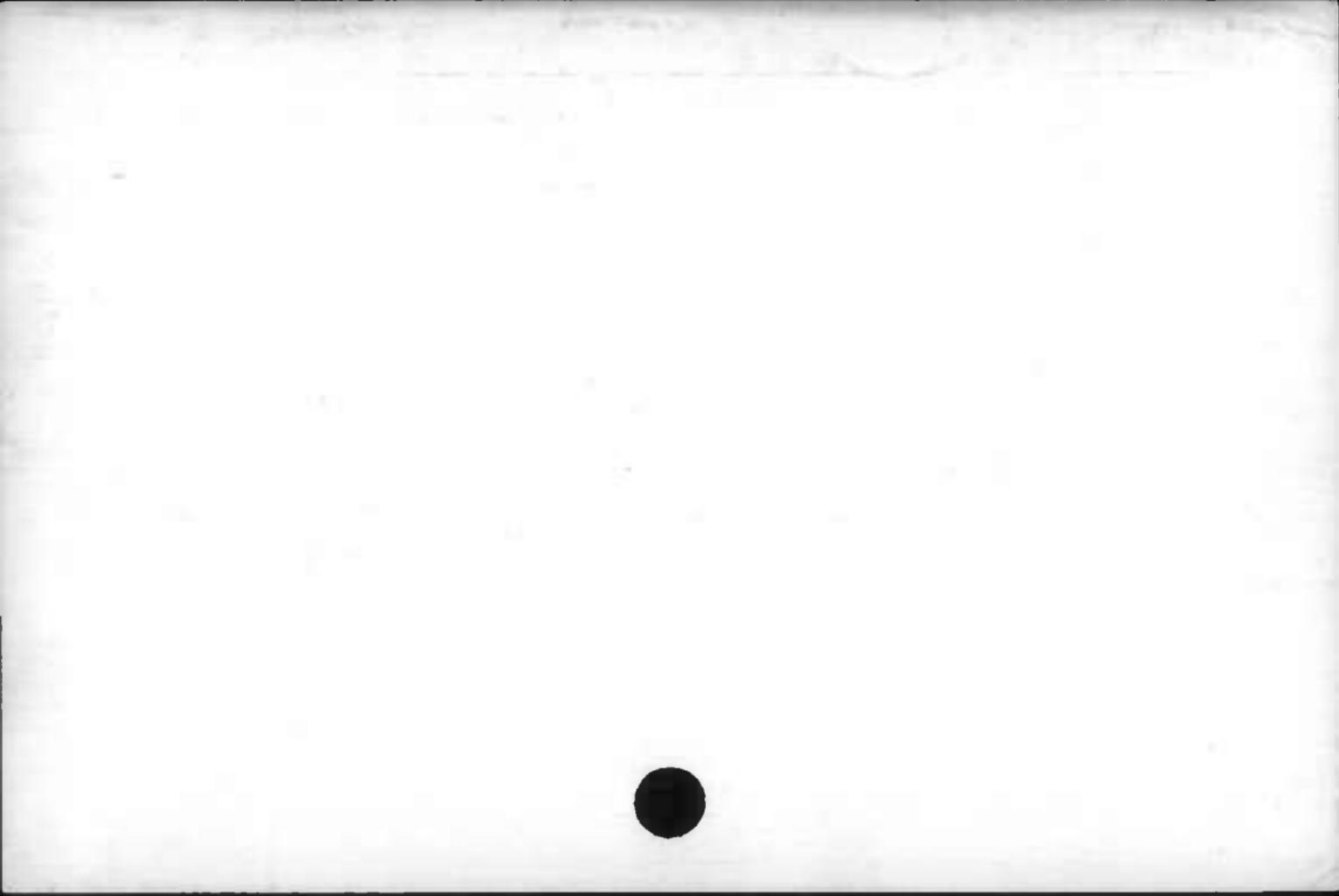
Signature of Physician

Address

Frank J Flannery

Mt Hope Retreat  
Baltimore Md.

Accident or Suicide



Name  
in  
Full

Luke Kelly.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at 216 D St. Sparrow's Point		Town	County		MARYLAND	
Date of death 1909	Month December	Day 29	Years 61	Age	Months	Days
Sex Male	Color or Race White	Birth-place Mayo Ireland.				
Occupation Blacksmith	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Margaret A.					
Father's Name Luke Kelly.	Father's Birthplace Mayo, Ireland.					
Mother's Maiden Name Julia Welsh.	Mother's Birthplace Mayo, Ireland.					
Name of person giving Information Margaret Annie Kelly	How related to deceased Wife					

CAUSES OF DEATH

64

How long

1/2 hour

How long

1/2 hour

Primary

Apoplxy

Immediate

Apoplxy

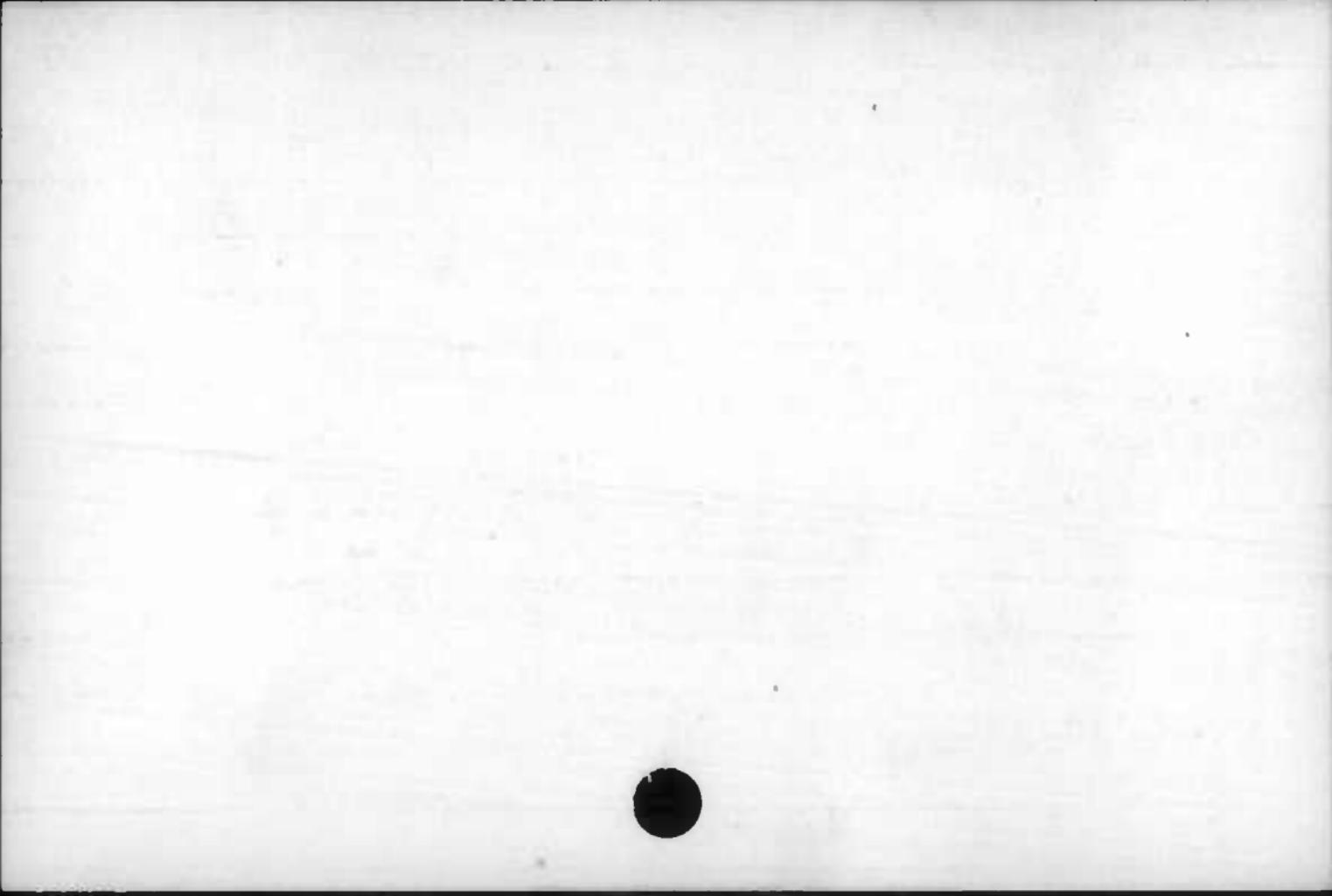
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Atk. Pelletreau Ma  
Sparrow's Pt.  
Md.

Accident or Suicide?



Name  
in  
Full

Adam Knipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

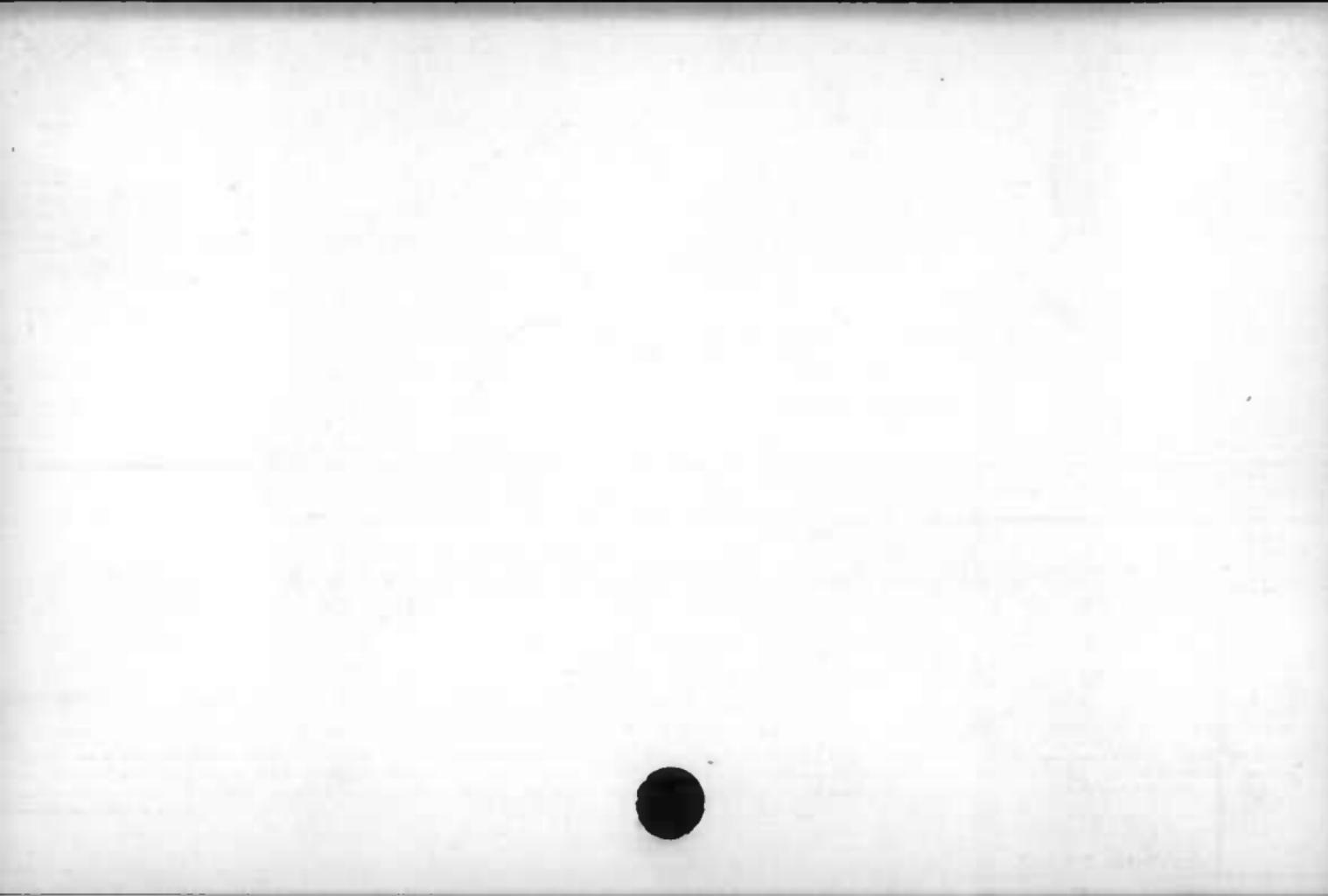
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	Jacob Knipp Sr.				
Mother's Maiden Name	Margaret Gengenagle				
Name of person giving Information	Wif Maggie Knipp				

CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

Primary	Prostati enlargement		
Immediate	Uremia Convalescence		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. E. Knipp M.D.
		Address	1002 N. Lawrence Baltimore City
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Johanna M. Kotschenreuther

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date

of death 1909

Month

Dec.

Day

18

Years

39

Months

11

Days

11

Sex

F.

Color or  
Race

W.

Birth-  
place

Baltimore

Occupation

Housewife

Where Residing if not  
at place of death

Highlandtown

Married, Single,  
or Widowed

Name of Wife or  
Husband

John Kotschenreuther

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

John Kotschenreuther

Husband

CAUSES OF DEATH

104

How long

Nov 15th to

How long

Dec 17, 1909.

Primary

Gastritis

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Fred W. Weber, M.D.

1721 Carlton Ave

PHYSICIAN  
OR CORONER

Accident or Suicide

Wendell Dippel & Son  
330 S. Bond St.

Sacred Heart Cen.

Dec. 28<sup>th</sup> 1909

---

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

albin S. Learman

Town  
Parkville

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

Month

Day

Years

1909 Dec

17

78

Months

Days

Sex

Color or  
Race

Male

white

Birth-  
place

Marygomery Co. Md.

Occupation

Contractor & builder

Where Residing if not  
at place of death

Parkville

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

not known

Father's  
Birthplace (?)

Mother's  
Maiden Name

not known

Mother's  
Birthplace (?)

Name of person giving  
Information

H. L. R. Beck

How related  
to deceased

My wife's uncle.

CAUSES OF DEATH

Primary

Senility  
Cerebral Hemorrhage

64

How long

?

Immediate

To best  
of our ability.

How long

?

Are the name, age, sex, color, date  
and place correctly given above?

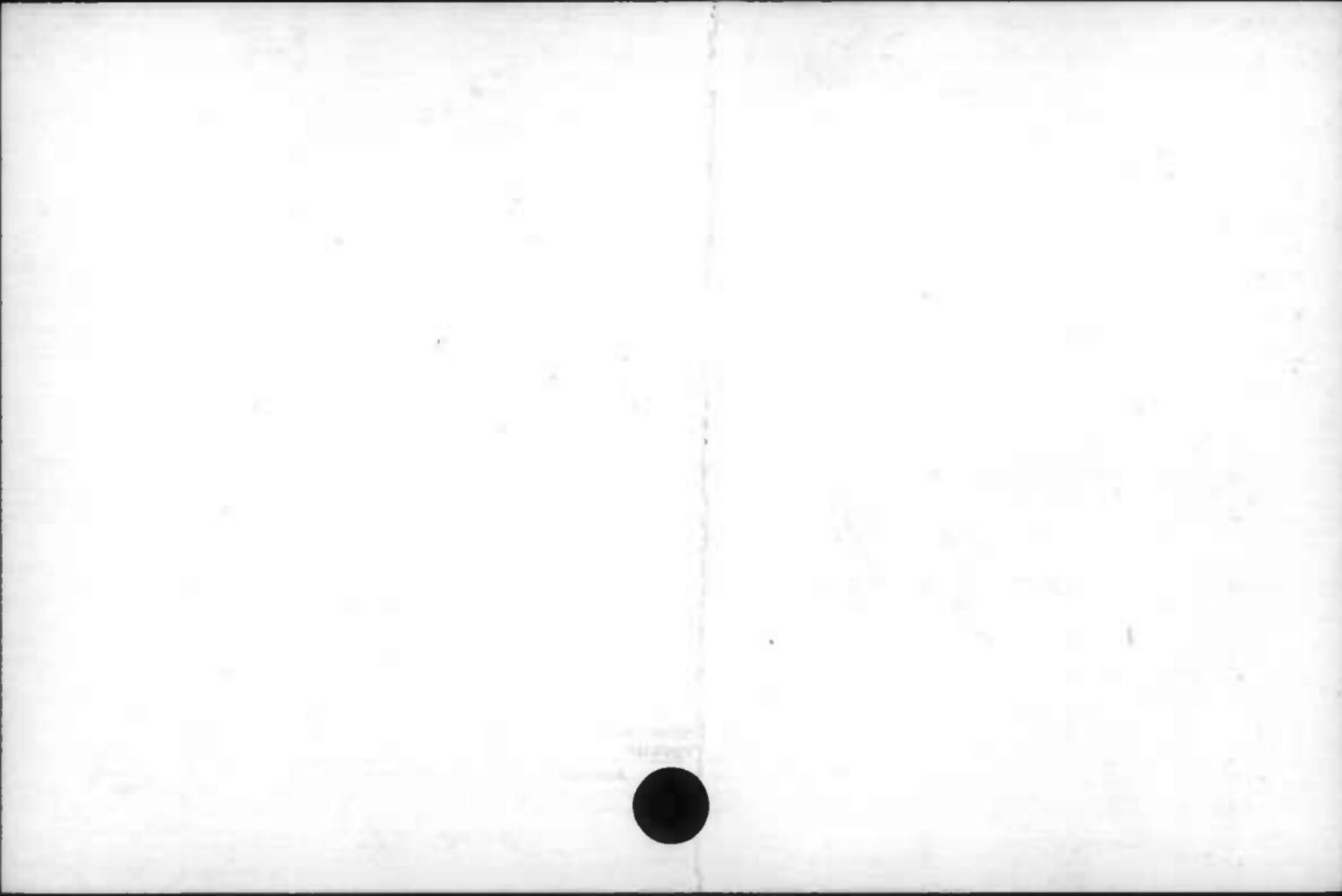
Signature of  
Physician

Address

E. H. Hutchins

1230 Light St.

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>301 S. Highland Ave.</u>				County <u>Baltimore</u> .	MARYLAND	
Date of death <u>190</u>	Month <u>12</u>	Day <u>28</u>	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>W.</u>	Birth-place <u>301 S Highland</u>				
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	<u>Geo &amp; Annie J Lemke</u>				
Father's Name	<u>Geo Lemke</u>					Father's Birthplace <u>Baltw</u>
Mother's Maiden Name	<u>Annie J. Hammond</u>					Mother's Birthplace <u>Baltw</u>
Name of person giving information						How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

still born

(8)

immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

I C Saboff  
1480 Langley

Accident or Suicide?

Dec 28/09

Mt Carmel

H. Sander Sons

Name  
in  
Full

Jesse F Lennon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County		
Died at	near Hathersage	Baltimore	MARYLAND
Date of death	Month	Day	Years
1909	12	20	about 28
Sex	Male	Color or Race	white
Occupation	Flagman	Where Residing if not at place of death	709 Randall St Balt <sup>Ma</sup>
Married, Single Widowed	yes	Name of Wife or Husband	M. Helen
Father's Name	unknown	Father's Birthplace	unknown
Mother's Maiden Name	unknown	Mother's Birthplace	unknown
Name of person giving Information	G. H. manners conduction of train which killed him		
CAUSES OF DEATH		How related to deceased	none
Primary	166		
Immediate	How long		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
Address

Coroner Robert C Clarke  
St Denis  
Md

Killed instantly

Jesse F. Lennan  
aged 37 years

New Cathedral  
of Takey.

Name  
in  
Full

Mrs Margaret C. Lindauer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Baltimore</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>7</u>	Years <u>52</u>	Months <u>2</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore, Md.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George T. Lindauer</u>				
Father's Name <u>John Brich</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret Michael</u>	Mother's Birthplace <u>Baltimore, Md.</u>				
Name of person giving information <u>George T. Lindauer</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

27

Primary Pulmonary Phthisis How long 26 months

Immediate Syncope How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician James M. Morrison

Address

Hillside, Md.

Accident or Suicide? \_\_\_\_\_

Joseph Jordens & Sons.

Woodlawn Cemetery -

---

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Leatonsville Town A County Ogallala

Date of death 1909 Dec Month 23 Day Age

Years

Months

Days

Sex Male Color or Race white

Birth-place

Maryland

Occupation Farmer

Where Residing if not  
at place of death

X

Married, Single or Widows'd Married Name of Wife or Husband X

Father's Name link

Father's Birthplace link

Mother's Maiden Name link

Mother's Birthplace link

Name of person giving Information  

How related to deceased

Primary

CAUSES OF DEATH

Immediate

Senile Dementia

119

How long

2 yrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Hercy Nader  
Leatonsville, Md.

Accident or Suicid

No.

M. Doyle & Son  
Lewards Town.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dagnes McAnally					CERTIFICATE OF DEATH			
Died at	Town	County						
Date of death	Month	Day	Age	Years	Months	Days		
Sex	Color or Race	Birth-place						
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband	Father's Name						
Mother's Maiden Name	Elizabeth Robinson	Mother's Birthplace						
Name of person giving Information	Joseph McAnally	How related deceased						
Primary	CAUSES OF DEATH			166				
Immediate	Killed Emory grave Electric car			How long				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John H Beekley acting Coroner  
Resisterstown Md

Accident or Suicide

Michael H Bentz

Name  
in  
Full

Ruth E. Muller McCullough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at home Parkton		Town		County		MARYLAND					
Date of death	1909	Month	12	Day	6	Years	Age 5-	Months	7	Days	11
Sex	Female	Color or Race	White	Birth-place	Parkton Ind						
Occupation	Where Residing if not at place of death										
Married, Single or Widowed	Name of Wife or Husband										
Father's Name	Irene E. McCullough										
Mother's Maiden Name	Sarah Rosella Cole										
Name of person giving Information	Irene E. McCullough										

CAUSES OF DEATH

113

How long

2 weeks

How long

24 hrs

Primary

Gastric Indigestion

Immediate

Absorbent Bilary Calumi, Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

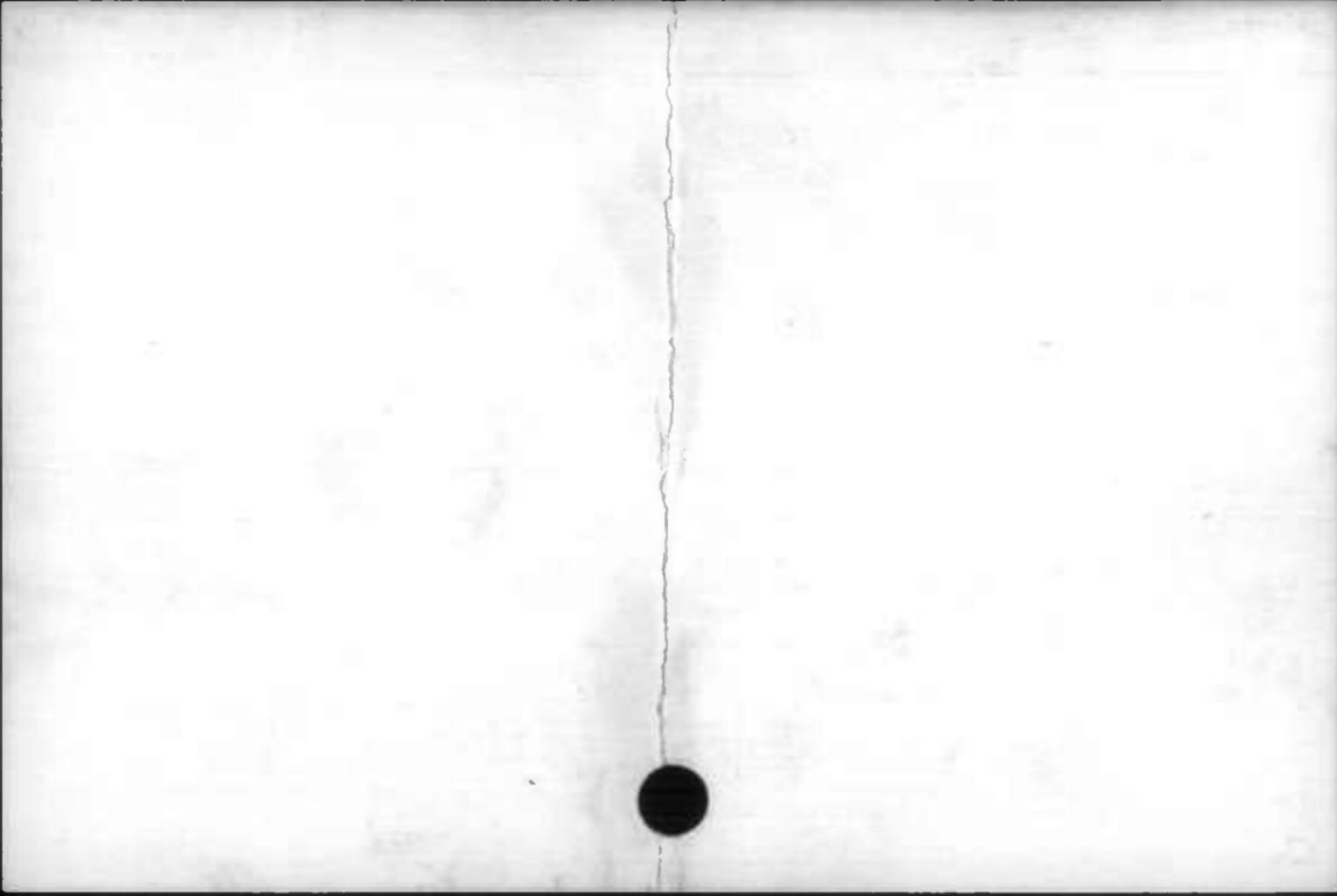
Signature of Physician

Address

Dr D. W. Beach

Hanover Ind

Accident or Suicide



Name  
in  
Full

John P. Mallonel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Stevenson		County Baltimore		MARYLAND	
Date of death 1909	Month 12	Day 23	Age 82	Months —	Days —
Sex Male	Color or Race White	Birthplace Balt. Co. Md			
Occupation Farmer	Where Residing if not at place of death Stevenson				
Merried, Single or Widowed Widow	Name of Wife or Husband Eliza A. Mallonel	Father's Name Hezekiah Mallonel	Balt. Co. Md		
Mother's Maiden Name Eliza A. Buckingham	Mother's Birthplace Carroll Co. Md				
Name of person giving Information Ephram Mallonel	How related to deceased Son				

CAUSES OF DEATH

Primary

Asticic Sclerosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Louis Naylor

Potterville

Iled

Accident or Suicide

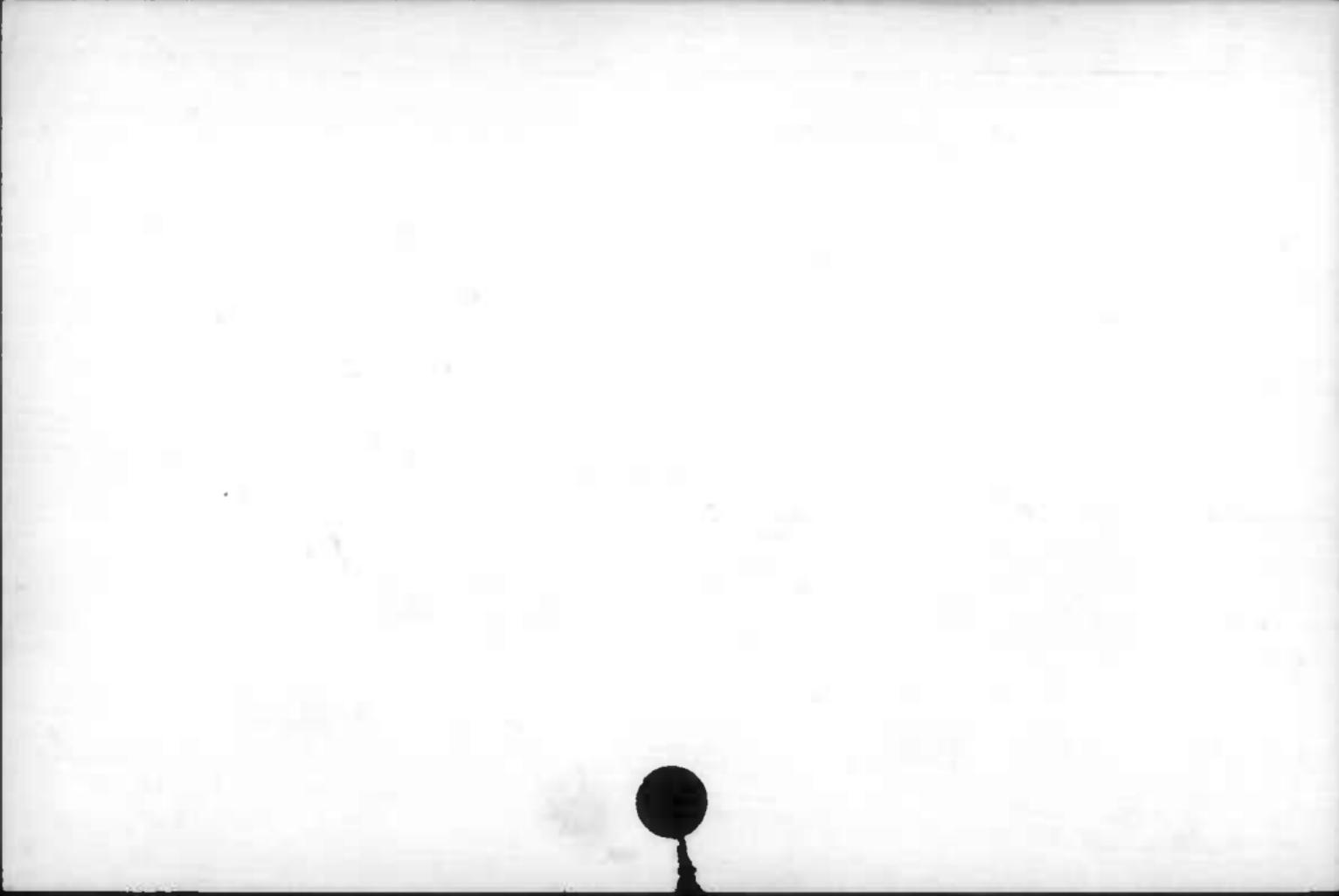
81

How long

Several years-

How long

2 weeks-



Name  
in  
Full

William Eliezer Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Loverson

Baltimore.

MARYLAND

Date

of death 1909 Dec.

Month

Day

Years

Months

Days

28

Age

—

21

Sex

Male

Color or  
Race

Col

Birth-  
place

Md.

Occupation

Infant

Where Residing if not  
at place of death

Loverson

Married, Single  
or Widowad

Single

Name of Wife or  
Husband

not married

Father's  
Birthplace

md.

Father's  
Name

Joseph Matthews

Mother's  
Maiden Name

Maggie Johnson

Name of person giving  
Information

Maggie Matthews

Mother's  
Birthplace

md.

How related  
to deceased

Grandmother

CAUSES OF DEATH

154

How long

21 days

How long

12 hours

Primary

Congenital Debility

Immediate

Cardiac Asthma

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. G. Goy Gron Greenw. O.  
Loverson, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

John Burns Sons  
Jewellers - Tailors  
At Sandy Bottom  
Cemetery

Name  
in  
Full

Nicholas Mechan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Adeline Mechan	Mechan
Father's Name	Joshua Mechan	Joshua	Mal
Mother's Maiden Name	Kazia Smith	Kazia	Mad
Name of person giving information	Mr. J. Peel	How related to deceased	Sister

CAUSES OF DEATH

79

How long

5 year

2 day

Primary: Maternal Regurgitation

Immediate: Acute Peritonitis & Hypertension

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. C. Smith

Address

West Forest Park

Accident or Suicide?

Joe B Cook

Mt. Olivet

Name  
in  
Full

Margaret A Mulleyan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Deat

Town

County

Date  
of death 190

Month

Day

Years

Monthe

Days

9 12

7

11

Sex

Color  
Race

Age

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Single

None

Father's  
Birthplace

Mother's  
Maiden Name

James E. Mulleyan

Baltimore

Name of person giving  
Information

Agnes A. Taft

Mother's  
Birthplace

Primary

CAUSES OF DEATH

Immediate

Physical

How long

7 days

Are the name, age, sex, color, date  
and piece correctly given above?

Signature of  
Physiclen

How long

2 day

Accident or Suicide

Address

J. S. Sudharm J.  
3323 E. Baltimore St

PHYSICIAN  
OR CORONER

Hol Cross cemetery

Ino A. Moore

Danb & wife

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Helen Napierski  
Town Highlandtown County Balto.

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

190

Dec

14<sup>th</sup>

Age

5

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. Md.

Occupation

None

Where Residing  
at place of death

3729 Foster Ave

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Julius Napierski

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Mary Petropfski

Mother's  
Birthplace

Name of person giving  
Information

Mary Napierski

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W.S. Sudlews  
335 3rd St. Balto. Md.

Accident or Suicide

St. Stanislaus Cemetery

Dec 16<sup>th</sup> 1909

Lilly and Zeiler  
Undertakers

Name  
in  
Full

John C. Newville

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		White		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Emma Marion Newville			
Father's Name	John B Newville		Germany			
Mother's Maiden Name	Johanna Stocker		Germany			
Name of person giving Information	Emma M Newville daughter					

CAUSES OF DEATH

79

How long

One year

How long

20 days

PHYSICIAN  
OR CORONER

Primary Mitral heart disease

Immediate Death

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edwin B. Fenby, M.D.

Address

1219 N. Caroline St.  
Baltimore Md 14

✓

Accident or Suicide? No

George Schilling & Sons  
Funeral Directors  
A. W. Cor Aisquith & Monumental  
Balto Md

for Burial in Baltimore Cemetery  
Dec 18<sup>th</sup> 1909

Name  
in  
Full

Thomas Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County
Died at Mt. Hope Reformatory Baltimore	MARYLAND
Date of death 1909 Dec 22 <sup>nd</sup>	Month Day Years Months Days
Age 48	Non-Korean worker
Sex Male	Color or Race White
Occupation Laborer	Birth-place Ireland
Married, Single Single	Where Residing if not at place of death Baltimore
Father's Name Not Known	Father's Birthplace Not Known
Mother's Maiden Name " "	Mother's Birthplace " "
Name of person giving information	How related to deceased not a son

CAUSES OF DEATH

Primary

Mania Chronic

68

How long

over 23 yrs

Immediate

Exhaustion

How long

For or 3 hrs.

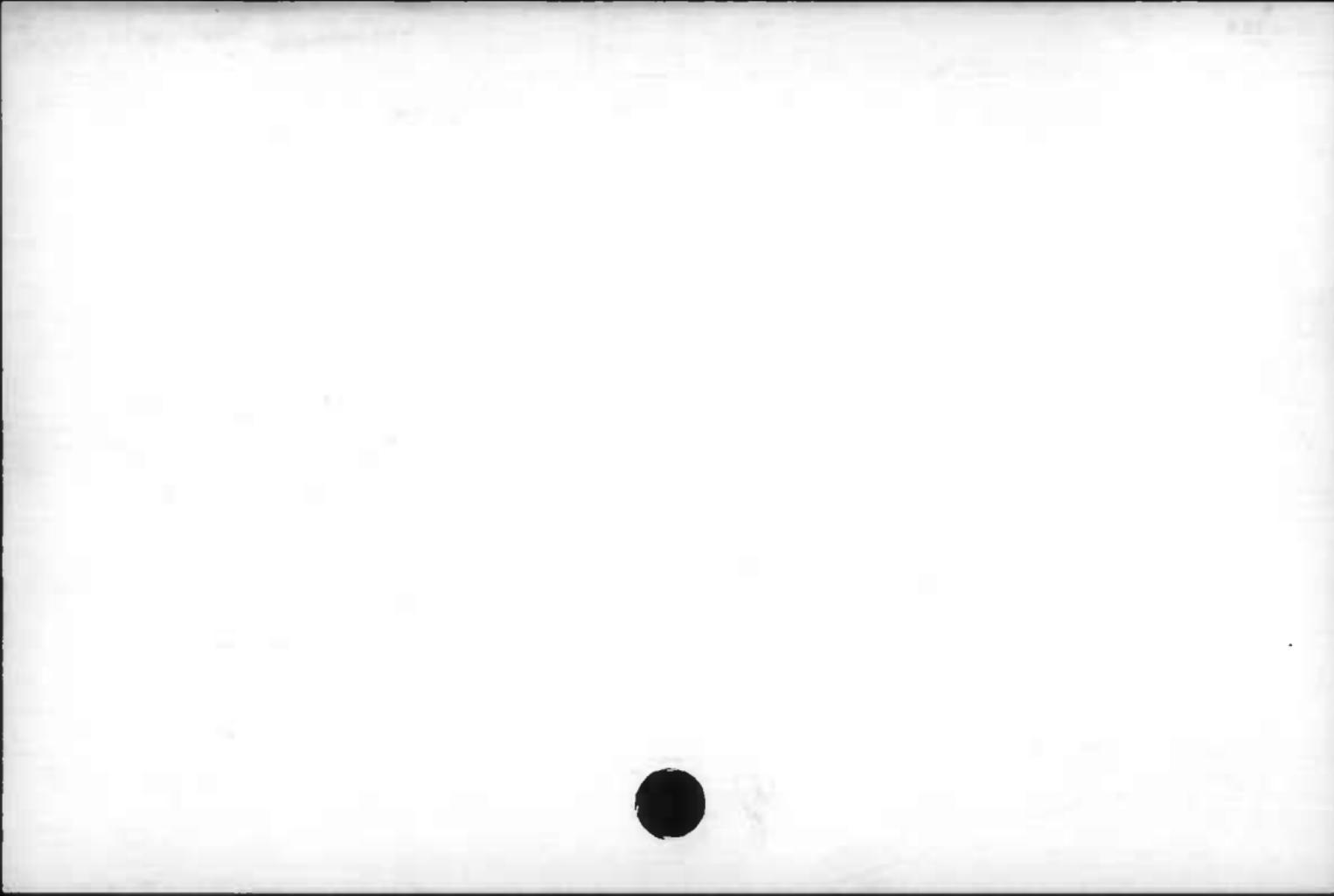
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank J. Filanerry  
Mt. Hope Reformatory  
Baltimore Co. Md.

Accident or Suicide



Name  
in  
Full

Owen Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Roslyn	Town	County	MARYLAND
Date of death	1909	Month	Day	Year
Age	70	Montha	Daya	
Sex	Male	Color or Race	colored	Birth-place
Occupation	Labourer	Where Residing if not at place of death	Roslyn	
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca Morris	
Father's Name	Do Not Know	Father's Birthplace	Do Not Know	
Mother's Maiden Name	Do Not Know	Mother's Birthplace	Do Not Know	
Name of person giving Information	Wynona Morris	How related to deceased	son	

CAUSES OF DEATH

Primary

Hemiplegia

66

How long

6 hours

Immediate

Cardiac Asthma

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. C. Smith  
West Forest Park.

Accident or Suicide

Pray at Good Hope  
Cemetery

J. H. Kraft  
Molotsky

Name  
in  
Full

Margaret E Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dalansville	Baldo			
Date of death	Month	Day	Years	Months	Days
1909	Dec	24	Age 37	—	6
Sex	Female	Color or Race	white	Birth-place	Baltimore
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	George F Oliver		
Father's Name	Clement Aslendar.		Father's Birthplace	Germany	
Mother's Maiden Name	Catherine Herzog		Mother's Birthplace	Germany	
Name of person giving Information	George F Oliver		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Suffocation	
Immediate	Pneumonia Lobar	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

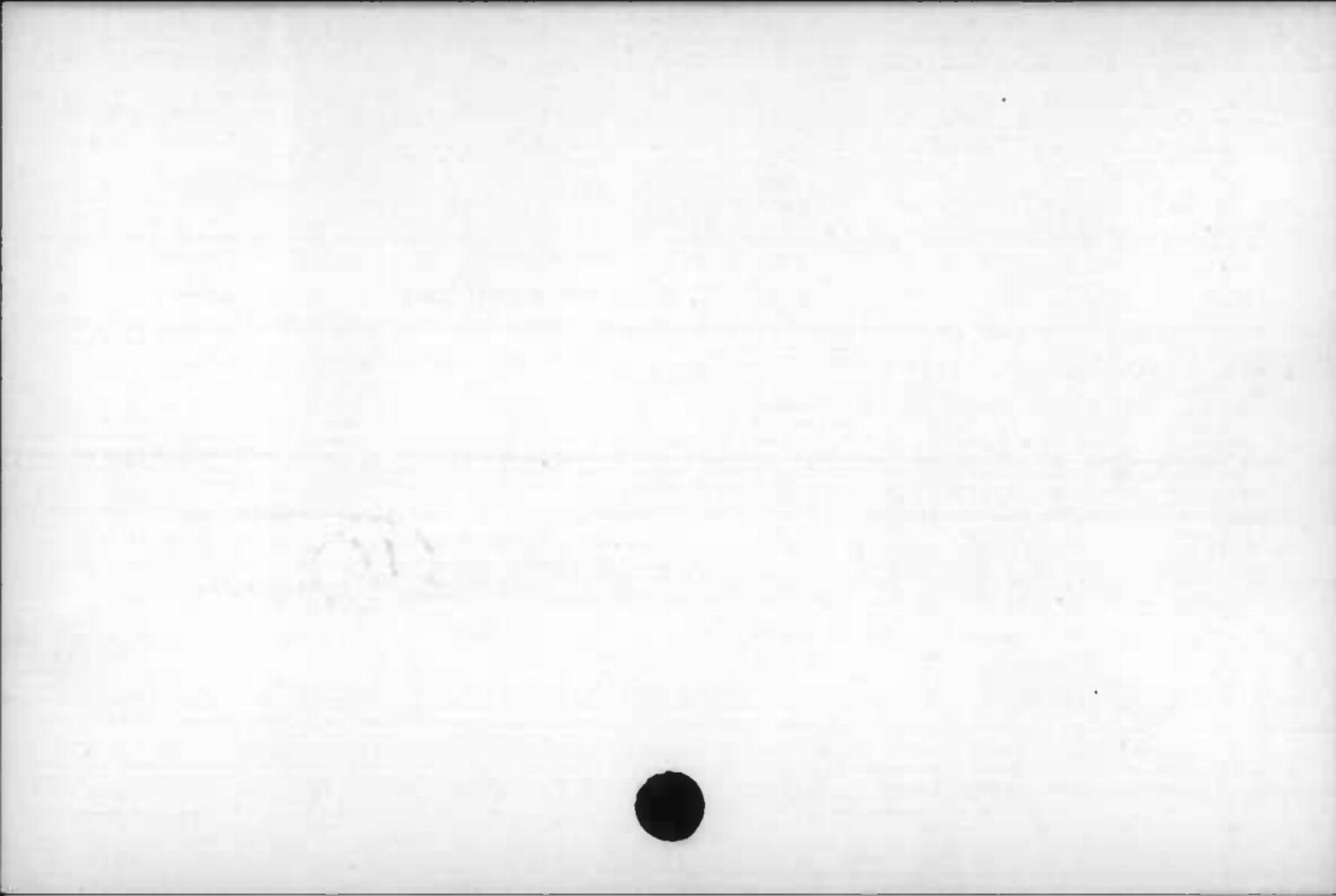
10

How long

10 days

6+

Dr Charles L Mauplett  
Dalansville Md





A S Mars hall  
3539 Fall Road  
Dec 22-09 to Laurel County  
Baltimore -

Name  
in  
Full

Annie L. V. Owings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Bethesda	Bethesda				
Date of death	Month	Day	Years	Months	Days
1909	Dec	28	47	10	15
Sex	Female	Color or Race	white	Birth-place	and
Occupation	stew	Where Residing if not et place of death	R 14 Owings		
Married, Single or Widowed	married	Name of Wife or Husband		Father's Birthplace	End
Father's Name	James E. S. Conley			Mother's Birthplace	in
Mother's Maiden Name	Mary J. Wilkinson			How related to deceased	son
Name of person giving Information	Owings				

CAUSES OF DEATH

93

Primary

Double Pneumonia

How long

One week

Immediate

Heart Failure

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of Physician

Address

John W. Hascall and  
Middlehurst

Accident or Suicide

701

15



Name  
in  
Full

Mary Esteb C. Phillips  
Town  
Near Owings Mill 18 alto

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Month Day Years Months Days  
Date of death 1909 12 26 19 — —

Sex Female Color or Race

Occupation

Age

Birth-place Md.

White

Where Residing if not  
at place of death

Near Owings Mill

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Do Not Know

Mother's Maiden Name Do Not Know

Name of person giving Information

Father's Birthplace Do Not Know

Mother's Birthplace Do Not Know

How related to deceased

CAUSES OF DEATH

Primary

Pistol shot wound in head

176

How long

Immediate

Murder

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Edmund Coghill  
act. coroner  
Petersville MD

PHYSICIAN  
OR CORONER

I

To More Body  
1218 Mosher St

Name  
in  
Full

Helen D Pittroff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Overlea

County

Baltimore

MARYLAND

Date  
of death

1909 Dec 7

Month

Day

Years

Months

Days

Age 24

3

3

Sex

Female

Color or  
Race

Birth-  
place

White American Baltimore Md.

Occupation

None

Where Rasing if not  
at place of death

Married, Single  
or Widowsd

Married

Names of Wife or  
Husband

Edw J. Pittroff

Father's  
Birthpla

Maryland

Father's  
Name

Dr. Booker Pittroff

Mother's  
Birthpla

Mother's  
Maiden Name

Aronia E

How related  
to deceased

Name of person giving  
Information

Edw J. Pittroff

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

New long

About 18 mos.

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. Dulany Thomas M.D.  
633 Carrollton Ave

PHYSICIAN  
OR CORONER

Accident or Suicide

P.B. M. Gardner North Ave  
Col. St. Cemetery  
Baltimore

Name  
in  
Full

Peter Denigley.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town, C.	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	81	
Occupation	None	Where Residing if not at place of death			St. Agnes Hospital
Married, Single or Widowed	Widower	Name of Wife or Husband	Unknown		
Father's Name	Unknown	Father's Birthplace			Unknown
Mother's Maiden Name	"	Mother's Birthplace			"
Name of person giving information	Hospital Records	How related to deceased			

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary

Partially strangulated ventral hernia,

How long

5 days.

Immediate

mesenteric thrombosis - gangrene gut. obstruction

How long

18 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature  
Physician

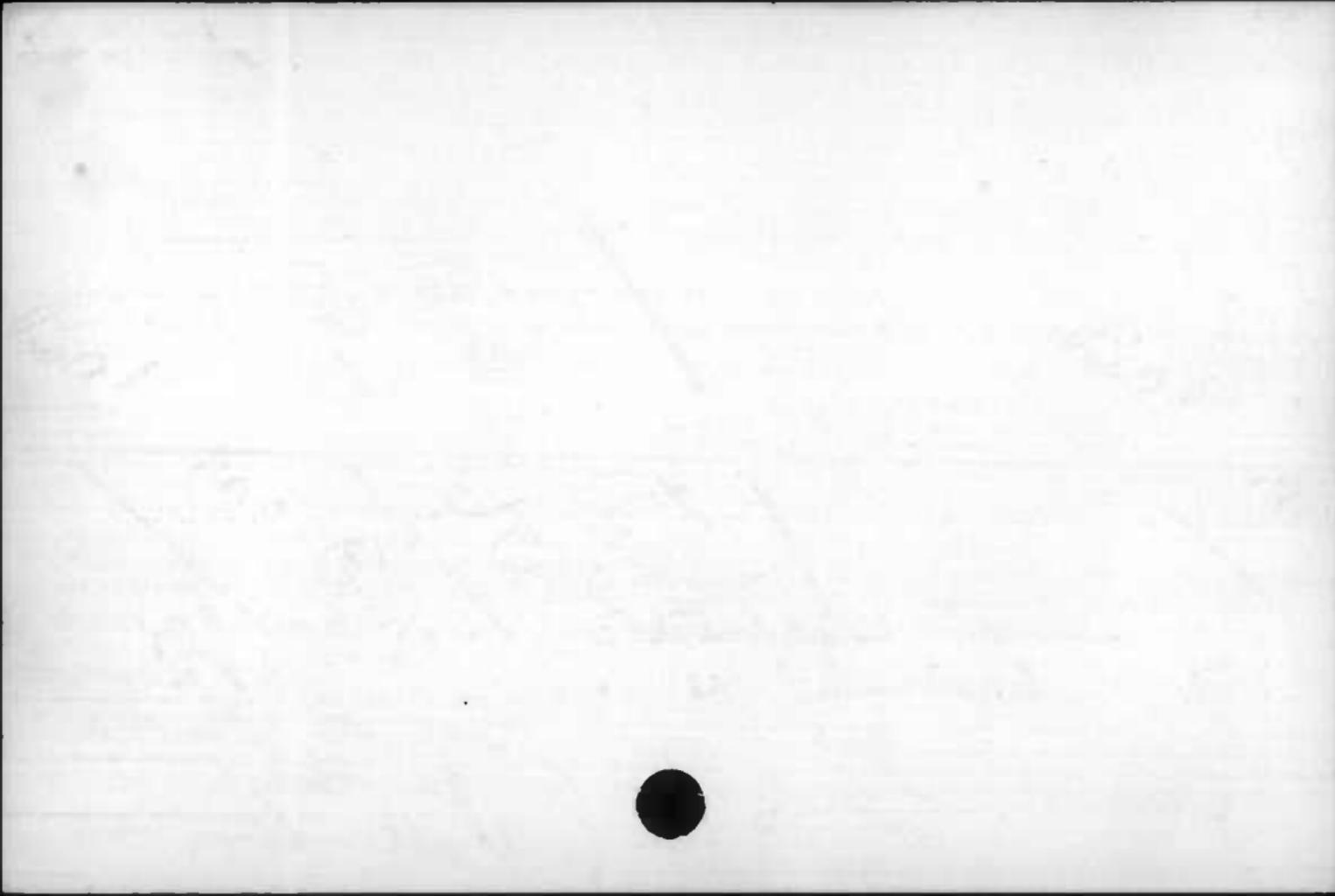
Address

Yes

Fred M Cronk  
St Agnes Hospital.

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth Rodrick

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Years	Months
190	Dec.	59	5
Sex	Color or Race	Age	Days
Female	White	59	80
Occupation	Where Residing if not at place of death		
Housewife	Germantown		
Married, Single or Widowed	Name of wife or Husband	John F. Rodrick	
Widowed			
Father's Name		Father's Birthplace	Germany
John Young			
Mother's Maiden Name	Not Known	Mother's Birthplace	Not Known
Martha McDonagh		How related to deceased	Son/daughter
Name of person giving information			

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

Second year

Immediate

Uraemia

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas. R. Drexel  
38 Gough  
Highlandtown Md

Accident or Suicide

No

Mr. Campbell  
Jan 4/10  
C. P. R.  
L. G. under 5 tons

knows it

Name  
in  
Full

Rueckert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

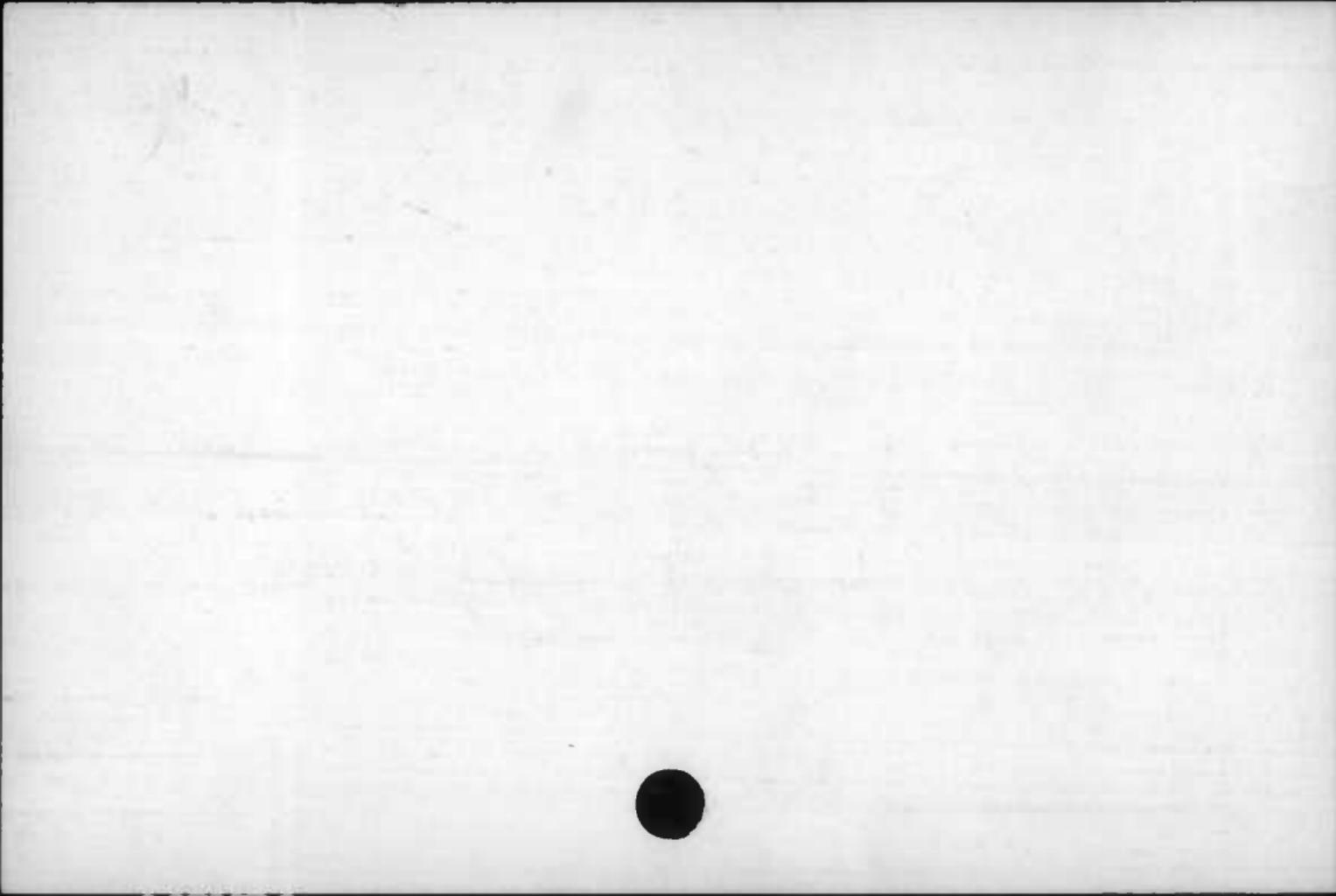
6

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Age	Months	Days
Sex	Color or Race		white	Birth-place	HAMILTON MD
Occupation	Where Residing If not at place of death <i>at place of death</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Geo F Rueckert		Father's Birthplace	Balti	
Mother's Maiden Name	Rosa W. List		Mother's Birthplace	Balti Co	
Name of person giving information	Tom H. Rueckert		How related to deceased	Brother	
CAUSES OF DEATH					
Primary	Premature Birth				
Immediate	Premature Birth				
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	George L. Long M.D.	
			Address	Hamilton	
Accident or Suicide?		No		D.W. 15	

131

How long

How long



Name  
in  
Full

George M. Ruhle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec.	4	Age	44	-
Sex	Male	Color or Race	white	Birth-place	Balt. Md
Occupation	Drugist				
Married, Single or Widowed	Widow	Name of Wife or Husband	Carrie Ruhle		
Father's Name	Henry Ruhle				
Mother's Maiden Name	Mary Kratz				
Name of person giving information	L.H. Ruhle.				

CAUSES OF DEATH.

119

Hour long

6 days

1 day

PHYSICIAN  
OR CORONER

Primary

Acute Nephritis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Frank St. Ruhle  
Lansdowne, Balt. Co.

Rob. Brooks Son  
Linden  
Park

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name Frances Russell						CERTIFICATE OF DEATH	
Died at	Town	Baltimore County			MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1909	Dec	11	84	8 1/2	10		
Sex	Color or Race	White			Birth-place		
Male					Roslyn		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Erie L. Russell						
Mother's Maiden Name	Alice C. Arnold						
Name of person giving information	Alice J. Russell						

CAUSES OF DEATH

85

Primary

Rheumatism & Gouty Rheum 4 months

How long

Immediate

Paroxysmal hypertension & cerebral

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. C. Smith

yes

Address

West Forest Park

Accident or Suicide?

Druid Ridge.

J. B. Cook.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Pease Sappington

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Baltimore	Balto.		10	15	15
Date Dec. 8 of death 1909	Month Dec.	Day 8	Years 62	Months	Days
Sex male	Color or Race white	Birth-place Brook. C. Md			
Occupation Physician	Where Residing if not at place of death Remouville				
Married, Single or Widowed	Name of Wife or Husband Emma N. Woodman	Father's Birthplace Maryland			
Father's Name Granberry T. B. Sappington	Mother's Birthplace Maryland				
Mother's Maiden Name Sarah Pease	Name of person giving information Clifford T. Sappington	How related to deceased Son			

CAUSES OF DEATH

120

How long

year

How long

24 hours

Primary

Chronic Inst. nephritis

Immediate

Uremia, Poison (Coca)

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Flentzy MD

Catonsville

Accident or Suicide?

no

Jos B Cook  
Frederick Md

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Katherine Shriever

Town

Towson

County

Died at Sheppard & Enoch Pratt Hosp

Balto.

CERTIFICATE OF DEATH

MARYLAND

Month

Day

Date  
of death 1904 Decr

Month

6

Day

Age 31

Month

?

Day

Years

Sex Fem

Color or  
Race

white

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of death

Union Mills Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

H. Mirt Shriever

Father's  
Birthplace

Md

Mother's  
Maiden Name

Kate (Wiebrunner

Mother's  
Birthplace

?

Name of person giving  
Information

E. Donald

How related  
to deceased

Phy়েন

93

How long

Chronic

Primary

Brain Disease (rick disease)

How long

3 days

Immediate

Pneumonia

E. Brush

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Sheppard & Enoch Pratt Hosp  
Towson Md

No

Accident or Suicide

Westminster Md

Dec 7/909

Wm Cook

502 E North Ave

Name  
in  
Full

Maggie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Woodlawn

Town

County

MARYLAND

Date of death 1909 Dec 11

Month

Day

Years

Months

Days

Age —

Sex Female  
Occupation none

Color or Race

White

Birth-place

Baltimore Co. Md.

Where Residing if not  
at place of death

Married, Single  
or Widowed Single

Name of Wife or  
Husband

none

Father's Name Daniel Smith

Father's Birthplace Baltimore City

Mother's  
Maiden Name Mary Lizzie Budlaur

Mother's Birthplace Washington D.C.

Name of person giving  
Information Mrs. Smith

How related  
to deceased Mother

CAUSES OF DEATH

Primary

Pneumonia  
Toxaemia

93

How long

3 days

Immediate

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Signatures of  
Physician

Address

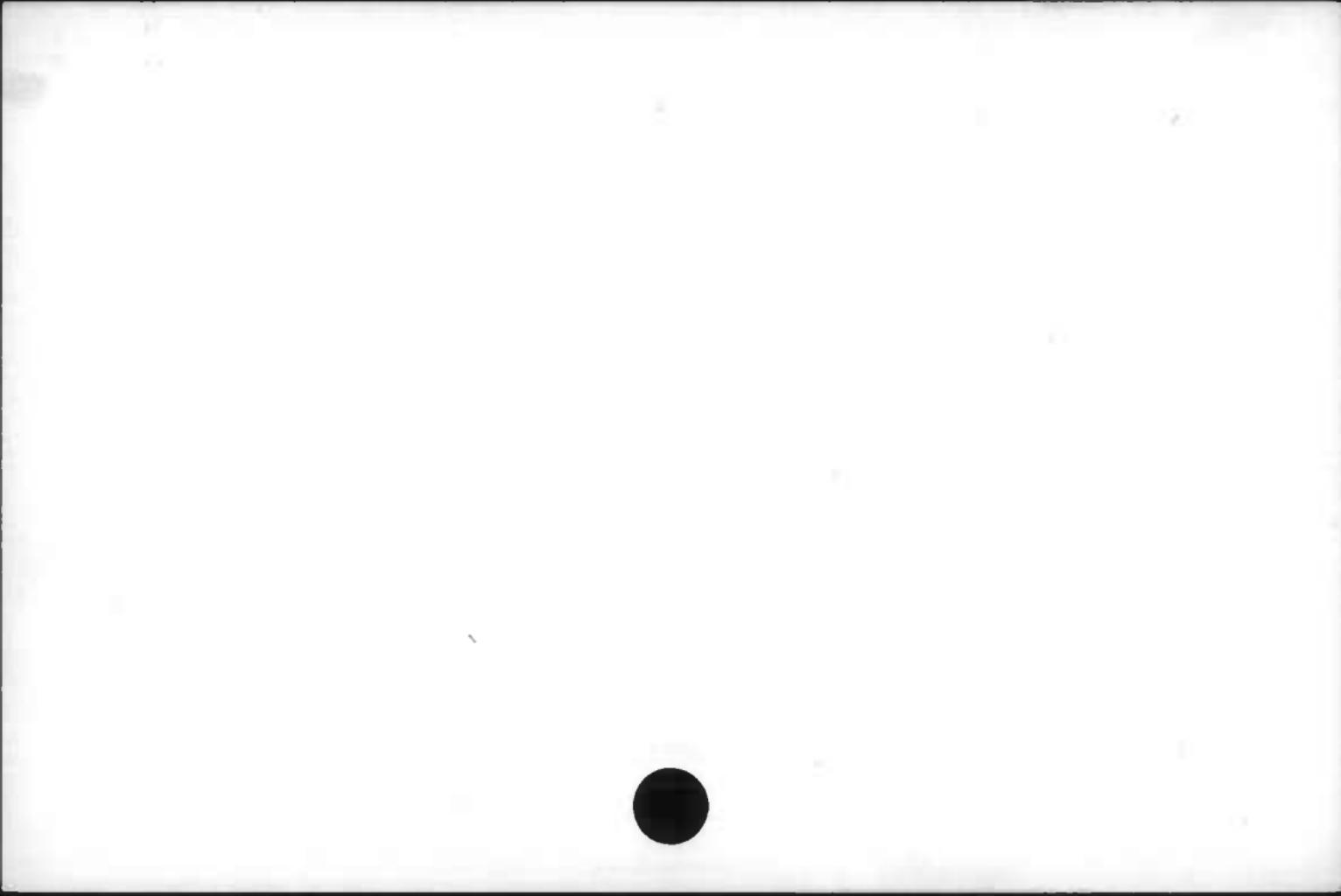
Frederick L. Bahnsdorf

Coroner

Catonsville, Md.

Yes.

Accident or Suicide



Name  
in  
Full

Frank W. Snyder

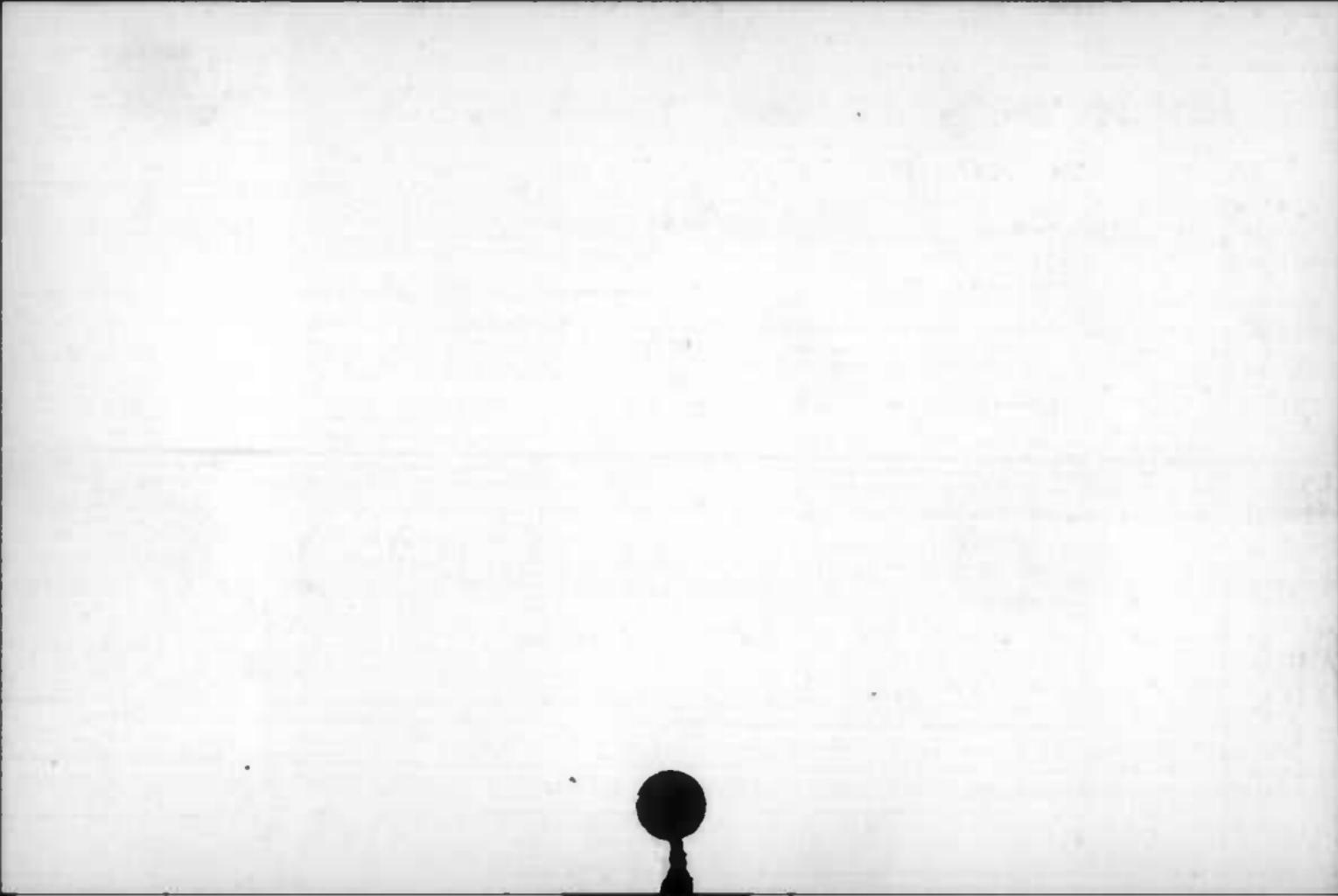
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	43			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sukewile				
Father's Name	Berilla Snyder					
Mother's Maiden Name	Mary S Snyder					
Name of person giving Information	Mary S Snyder					
CAUSES OF DEATH						
Primary	103					
Immediate	Gastric Ulcers - perforation					
Are the name, age, sex, color, date and place correctly given above?	How long					
Yes	5 weeks					
No	How long					
Accident or Suicide?	8 days					





Name  
in  
Full

Bertha Sipple

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County  
Putty Hill Battie Co

MARYLAND

Montha

Daya

Date of death Month Day Year  
1909 Dec 12 Age 55

Montha

Daya

Sex Color or Race  
female white

Birth-place

" Baltimore and

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Coon Rod Hartman

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving  
Information

Hoond Horne

How related  
to deceased

179

How long

How long

Primary

CAUSES OF DEATH

General Debility

Immediate

Failure of Vital Forces

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Lingard Whitford,  
Fullerton, Md.

PHYSICIAN  
OR CORONER

Robert of my knowledge

Accident or Suicide

Entertainment  
St Josephs Cen<sup>d</sup>

Geo W. Braum  
undertaker

Name  
in  
Full

Earl Stalligs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Baltimore

County

Baltimore

MARYLAND

Date  
of death 190

Month

Day

9 Dec. 31

Years

Months

Days

Age

1

9

Sex

Color or  
Race

Male

White

Birth-  
place

Occupation

None

Where Residing if not  
at place of death

Maryland

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Robert H. Stalligs

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Annie A. Boyer

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Annie A. Stalligs

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

93

2 days

Immediate

Cardiac Syncope

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

fjs

Address

D.W. Jones M.D.  
3116 Argonne St.

17

Accident or Suicide

Mr. Carroll

Jan 2/02

F. Sander Son

Name  
in  
Full

Katharine Elisabeth Stumpf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore			MARYLAND
Died at	Month	Day	Years	Month
Date of death	1909	Dec	13	Age 83
Sex	Color or Race	White	Birthplace	Germany
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband
Father's Name	Not Known			John Stumpf
Mother's Maiden Name	Not Known			Germany
Name of person giving information	Frederick Berlin			Husband of Grand Daughter

CAUSES OF DEATH

Primary

Heart failure

179

How long

Immediate

How long

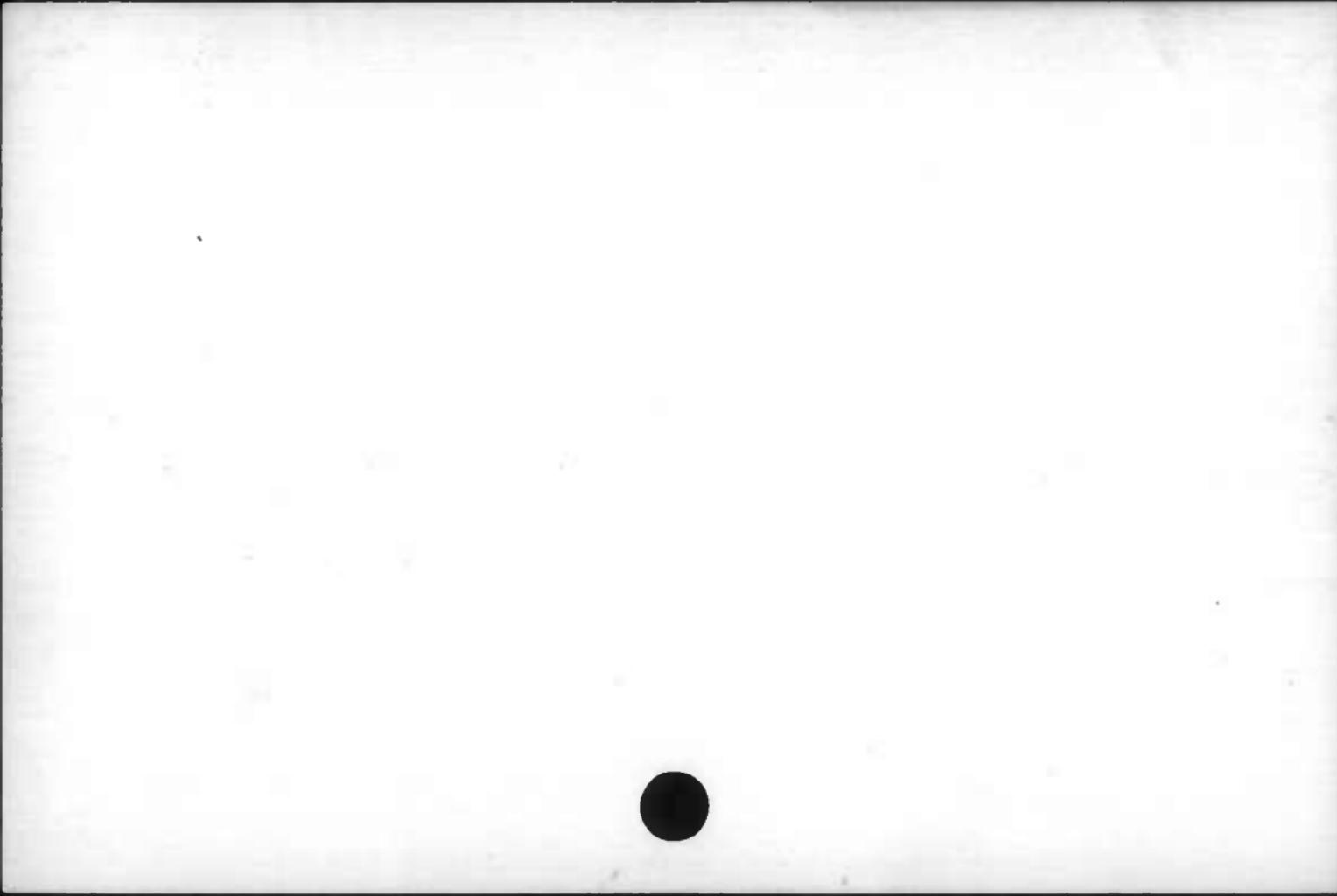
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Coroner  
Address

Accident or Suicide

PITTSBURGH  
OR CORONER



Name  
in  
Full

Mary P. Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Year	Month
Sex	Color or Race	Age	Daya	
Occupation	Whara Residing if not at place of daath			
Married, Single or Widowed	Name of Wifa or Husband			
Father's Name	not Known			
Mothar's Maiden Name	not Known			
Name of person giving Information	Reeds mrs bone			

CAUSES OF DEATH

Primary

Mania Epileptic

Immediate

Slatus Epileptics - a few hrs -

Are the name, age, aax, color, date and place correctly given above?

yes

Signature of Physician

Address

Frank J. Flanerry  
Mt Hope Rehabil.  
Mt Hope Md.

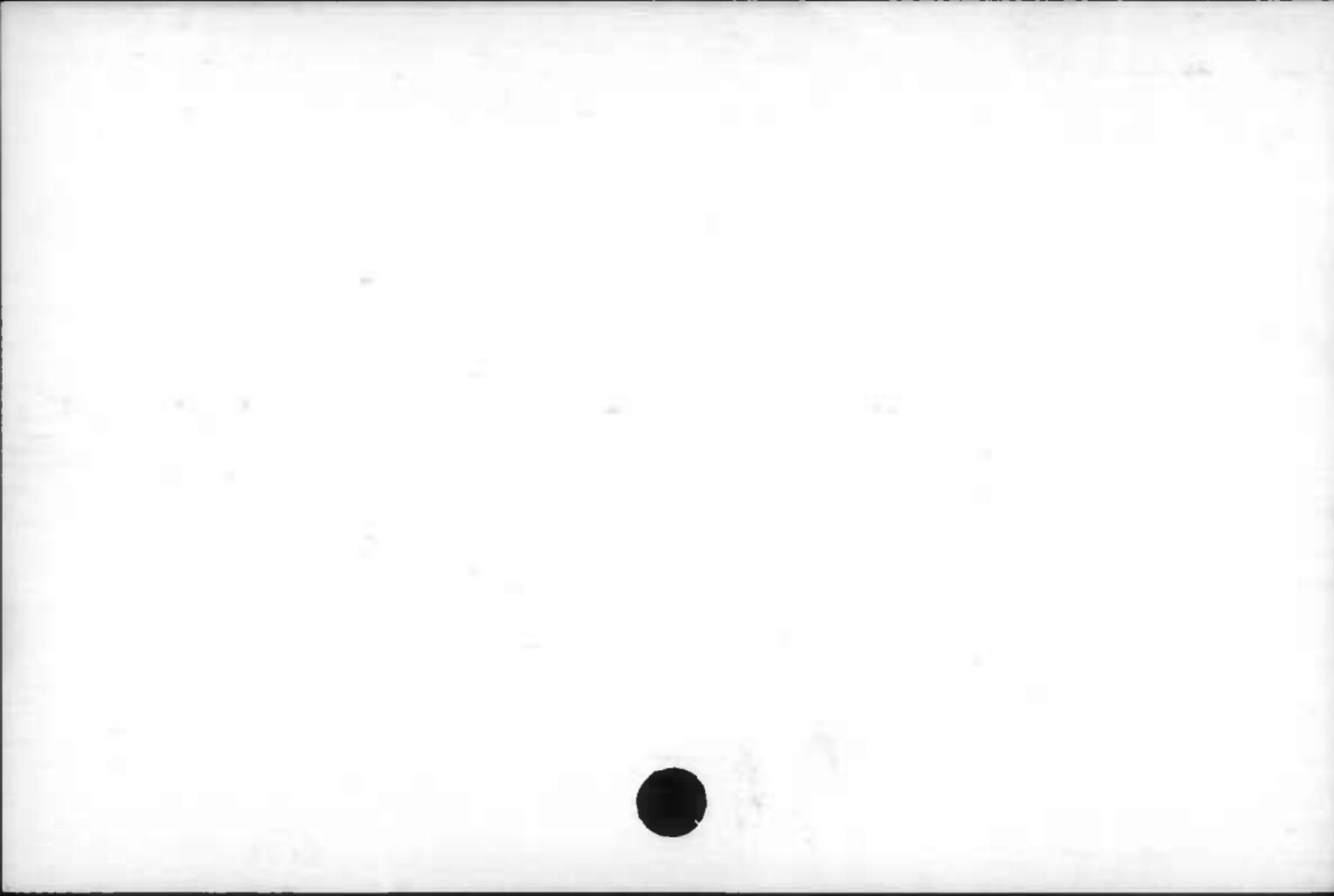
Accident or Suicide

69

How long

since 18 years

How long



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		George Sweet sr		County		MARYLAND	
Died at	Town			Baldo			Days
Date of death	Month	Day	Years		Months		Days
Sex	Male	Color or Race	Age	64	8		
Occupation			Where Residing if not at place of death	Germany - I. ame			
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa B. Sweet sr				Father's Birthplace
Father's Name	Jacob Tudor						Hanover
Mother's Maiden Name	Elizabeth Lauer						Mother's Birthplace
Name of person giving Information	Louisa Sweet sr						How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

central hemorrhage

64

How long

12 hours

Immediate

Laur

How long

12 "

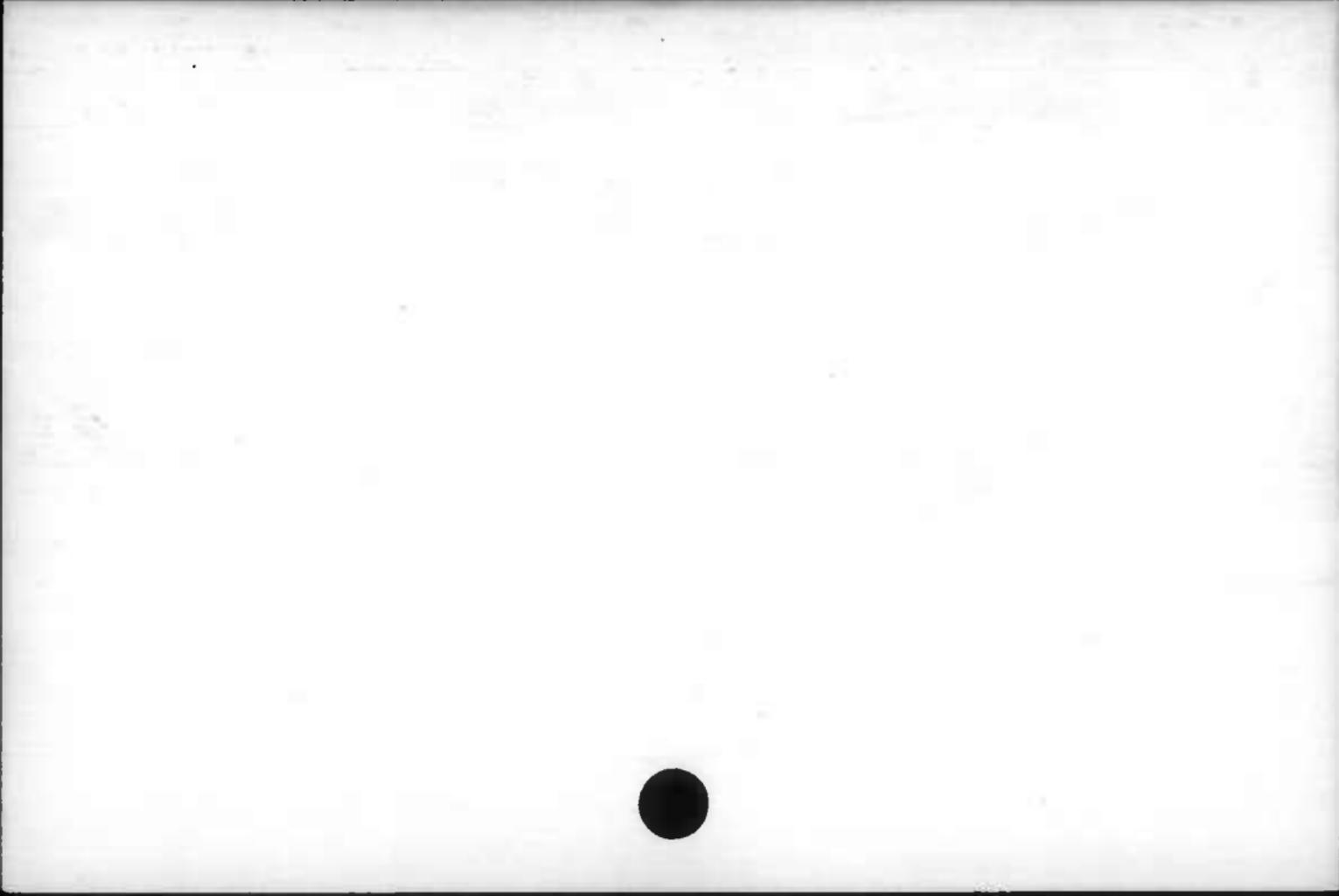
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. P. Gorash  
Dr. Fisher Med

Accident or Suicide



Name  
in  
Full

Baby Sweenary.

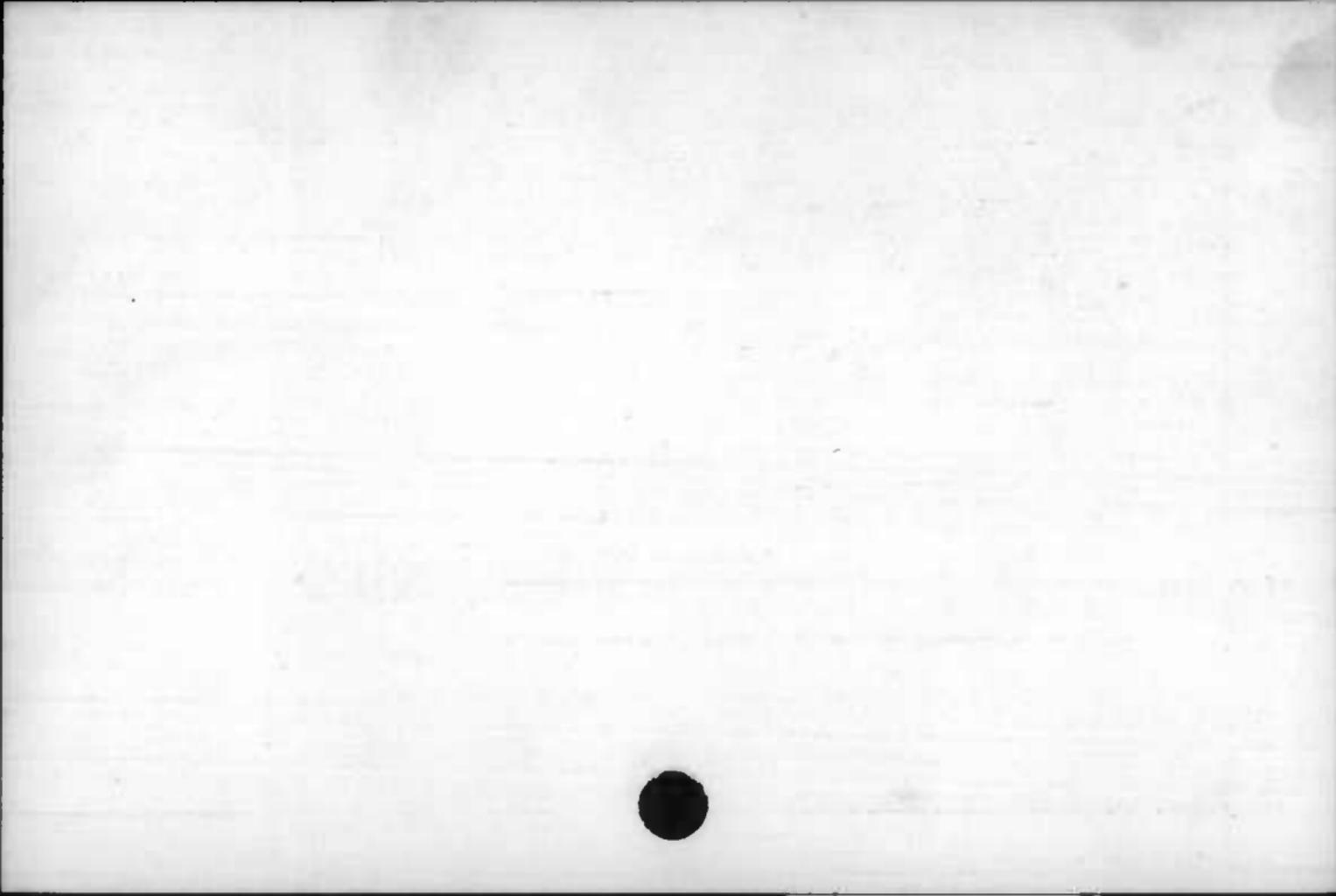
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND			
Date of death <u>1909 Dec 5</u>	Month <u>Dec</u>	Day <u>5</u>	Age <u>9 mos in Utero</u>	Years <u>9 mos</u>	Months <u>0</u>	Days <u>0</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Catonsville</u>			
Occupation <u>none</u>			Where Residing If not at place of death <u>Catonsville</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>			Father's Name <u>Daniel Sweenary</u>	Father's Birthplace <u>Island</u>		
Mother's Maiden Name <u>Maggie O'Brien</u>			Mother's Birthplace <u>Island</u>	Name of person giving information <u>Daniel Sweenary</u>	How related to deceased <u>Father</u>		
CAUSES OF DEATH							
Primary	<u>still Born.</u>				How long <u>8</u>		
Immediate					How long		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Marshall B West,</u>
		Address	<u>Catonsville Md.</u>
Accident or Suicide?			



Name  
in  
Full

Mary E. Toolen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Native	Birth-place	Delaware	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

93

How long

7 days

How long

21 hrs

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Pulmonary Oedema + Heart Failure

Are the name, age, sex, color, date and place correctly given above?

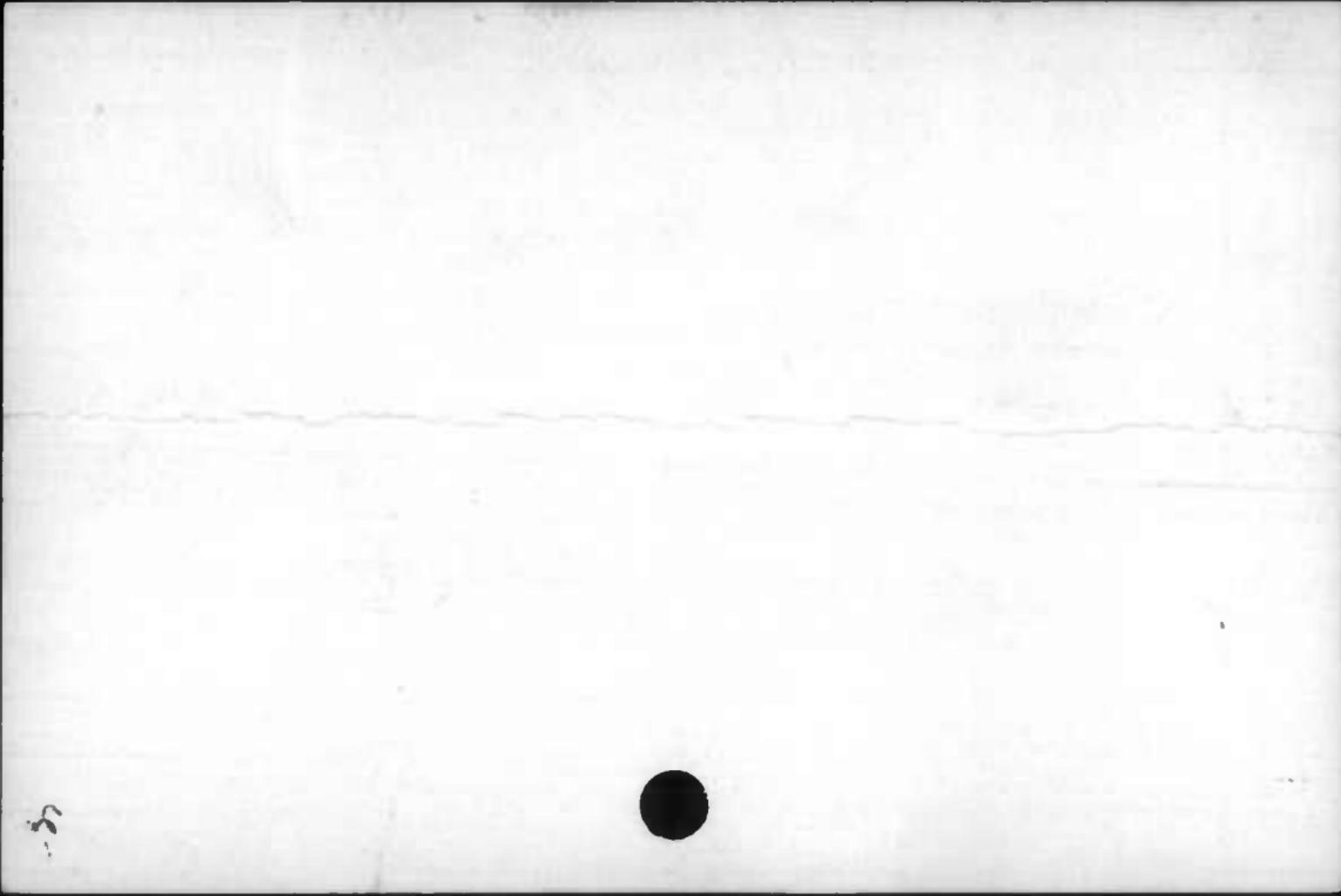
Signature of Physician

Address

Yes -

Dr S. D. Weller  
J. G. & F. Eight Ave  
Penns. Ave & 3rd St

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hillinder S. Tracey

CERTIFICATE OF DEATH

MARYLAND

Died at Reisterstown

Date of death 1909 Month Dec Day 4

Age 87 Years

Months \_\_\_\_\_ Days \_\_\_\_\_

Sax Female

Color or Race

white

Birth-place Reisterstown Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

widow Name of Wife or

Father's Name

John Tracey

Father's Birthplace

Baltimore Co. Md.

Mother's Maiden Name

Sarah A Flanigan

Mother's Birthplace

Baltimore Co. Md.

Name of person giving  
Information

Annie Ambrose

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Palpular Disease of Heart

79

How long

3 yrs

Immediate

Hypostatic Cough in Lungs

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

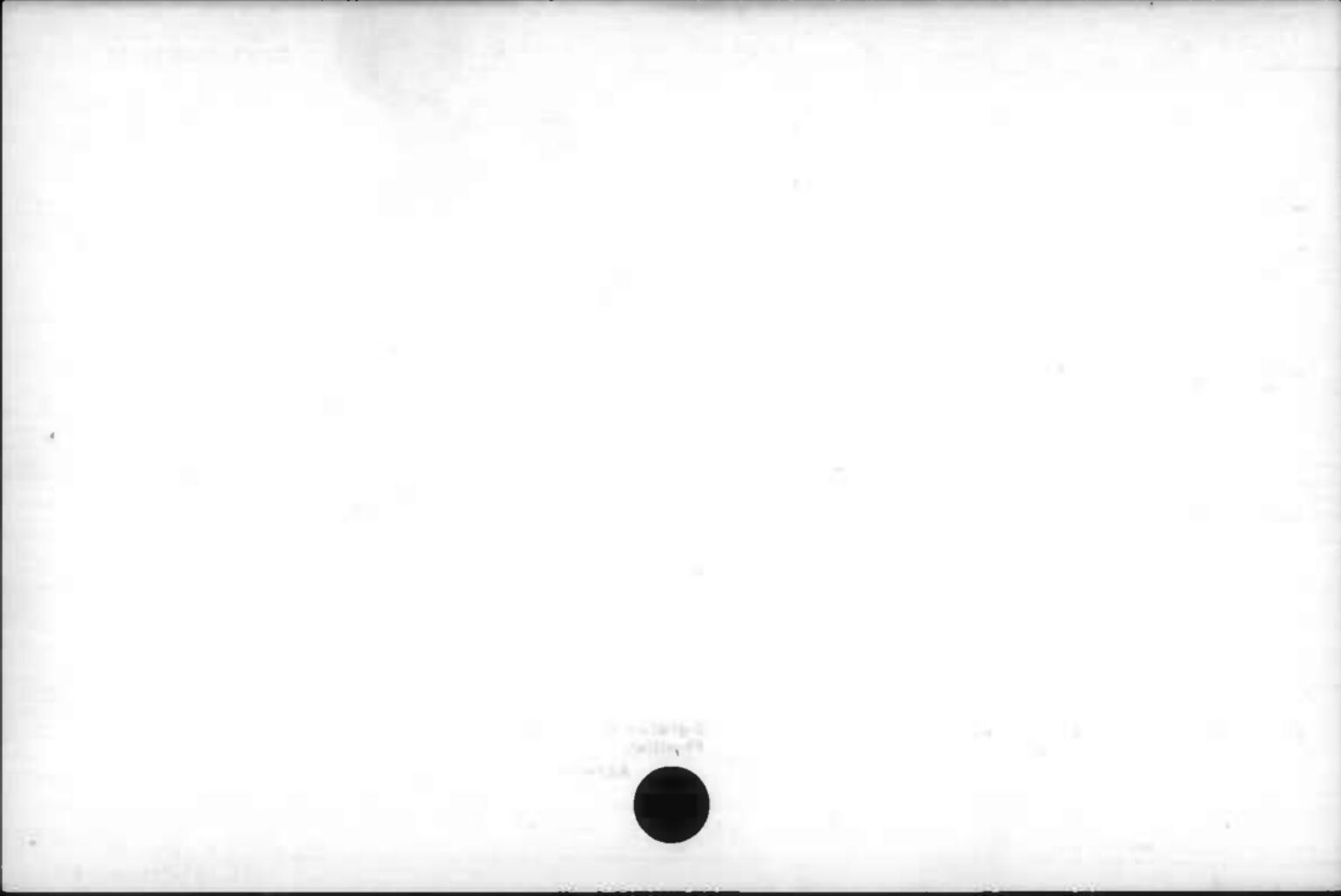
Signature of  
Physician

Address

H. W. Beale

Reisterstown Md

Accident or Suicide



Name  
in  
Full

Ray. Yance

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Pikesville	Baltimore			
Died at	Month Day	Years	Months	Days
Pikesville	Dec. 15	Age 27	-	-
Date of death 1909	Color or Race	Birthplace		
Sex Male	White	Md.		
Occupation Diner	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Wm. Yance	Rosie Yance			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			
Rosie Yance	Md.			
Rosie Yance				

CAUSES OF DEATH

①

How long

3 weeks +

How long

week of disease

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

Immediate

Intestinal hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Morris Major  
Pikesville  
Md.

Accident or Suicide

Dec 19/909.

Wm Cook  
502 E. North Ave

Name  
in  
Full

Ellen Walsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Reaing at place of death	Daya	
Married, Single or Widowed	Name of Wife or Husband	1406	First St. - South
Father's Name	Late Dennis Walsh.		
Mother's Maiden Name			
Name of person giving Information	Margaret V. Smith		

CAUSES OF DEATH

Primary

Asphyxiation by  
Gas

174

Immediate

How long

Are the name, age, aex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. J. Dugler M.D.  
3323 E. BALDST

Accident or Suicide

Holy Cross Cemetery  
Dec 16<sup>th</sup> 1809

Lilly and Zeiler  
Undertakers

Name  
in  
Full

George E. Walsh Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color of Race	Age
Occupation	Honey	Where Residing if not at place of death	Same
Married, Single or Widowed	Single	Name of Wife or Husband	George E. Walsh Jr
Father's Name	George E. Walsh Jr		
Mother's Maiden Name	Dased Judget		
Name of person giving Information	George Walsh		

PHYSICIAN  
OR CORONER

J

Primary

Suffocation by head

176

How long

Immediate

ring bunched in follow

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Sudler M.D.  
3323 N. BALTIMORE ST.

Accident or Suicide

Silly 3<sup>rd</sup> Freiler  
403 S. Wager St.

Holy Cross cemetery  
Dec. 18<sup>th</sup> 1909

Name  
in  
Full

Edward Leo Wanser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Gowans town</u>		Town <u>Balto</u>	County <u>MARYLAND</u>		
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>2nd</u>	Age <u>One year</u>	Months <u>3</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>yellow</u>	Birth-place <u>Balto City</u>			
Occupation <u>/</u>	Where Residing if not at place of death <u>/</u>				
Married, Single or Widowed <u>/</u>	Name of Wife or Husband <u>/</u>				
Father's Name <u>Wesley Wanser</u>	Father's Birthplace <u>Wa.</u>				
Mother's Maiden Name <u>Jane Terison Short</u>	Mother's Birthplace <u>Charles co. Md</u>				
Name of person giving information <u>Jane Terison Short</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary

Capillary Bronchitis

92

How long

12 Days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John Basson MD

Address

4 Tinges ave  
Waverly

Accident or Suicide?

Felix B Pye Jr  
102 E Mulberry St  
City  
St Hwy Bennett

Name  
in  
Full

Isadore Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Reisterstown	Baltimore		Months	Days	
Date of death 1909	Month Dec.	Day 3	Years 23	—	—
Sex Male	Color or Race White	Occupation Cigarmaker.	Birth-place Baltimore City		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Moses Ward				Father's Birthplace Russia	
Mother's Maiden Name Amelia Schaffer				Mother's Birthplace Russia	
Name of person giving information Self				How related to deceased	—

CAUSES OF DEATH

27

Primary Pulmonary & Sanguinal Tuberculosis

How long

Several years

Immediate Exhaustion

How long

a week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. Wickes Merritt.

Reisterstown.

PHYSICIAN  
OR CORONER

J

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Flavine S. Walden

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Springs Point

Baltimore

Date  
of death

1909

Month

June

Day

3

Years

—

Months

—

Days

—

Age

—

Sex

Female

Color or  
Race

White

Birth-  
place

Springs Point

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Charles C. Walden

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Flavine S. Sharer

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

Charles C. Walden

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Rheumatism

151

Deco.

Immediats

Exhaustion

How long

2mo.  
dead

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. C. Eldred, M.D.  
Springs Point  
Md

Accident or Suicide

15

Wm B. Brothers  
231 S. Sticker St.  
Baltimore Md.

Name  
in  
Full

Mary Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Dist. Washington Town

Baltimore County

MARYLAND

Date of death 1909 Month Dec. Day 23

Age 68 Years

Months Unknown Days Unknown

Sex Female Color or Race White

Birth-place Ireland

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

William Welsh

Father's Name Unknown

Father's Birthplace Ireland

Mother's Maiden Name Unknown

Mother's Birthplace Ireland

Name of person giving Information Mrs. W. Giler

How related to deceased Daughter

CAUSES OF DEATH

(179)

Primary

Insanition

How long

4 to 6 Weeks

Immediate

Cardiac Asthma

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

S. Josiah S. Brown

Address

Dist. Washington.

Balto. C. Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,  
606 & 608 W. Lafayette Ave.,  
TELEPHONE 1893.

St. Mary's Cemetery  
Gardens

Name  
in  
Full

Dr. Robert Wheeler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Philipsolis</u> Town		County <u>Balto.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>12</u>	Day <u>12</u>	Age <u>4</u>	Years	Months <u>1</u> Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Philipsolis</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>C. D. Wheeler</u>				
Mother's Maiden Name	<u>Ida Shaffey</u>				
Name of person giving Information	<u>R. D. Wheeler</u>				
CAUSES OF DEATH					
Primary	<u>Scarlet Fever</u>				
Immediate	<u>Heart Failure</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
<u>Yes</u>		<u>R. W. Sherman M.D.</u>		<u>Glencoe Ind.</u>	
Accident or Suicide?					

7

How long

4 weeks

How long

12 hours

R. W. Sherman M.D.

Glencoe Ind.

Be buried Tuesday  
3 P.M. Early in S. church  
Mr C Brooks  
~~an~~ & wife.

Name  
in  
Full

George Robert White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Stecker Town Baltimore County MARYLAND  
Date of death 1909 Month Dec. Day 13 Years — Months 1 Days —  
Sex Male Color or Race White Birth-place Baltimore Co  
Occupation — Where Residing if not at place of death Stecker — —  
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Charles White Father's Birthplace Balto. Co  
Mother's Maiden Name — Mother's Birthplace A. A. Co  
Name of person giving Information Charles White How related to deceased Father

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Intestinal Colic

Immediate

Failure Vital Forces.

Are the name, age, sex, color, date and place correctly given above?

To best of my knowledge

Accident or Suicide

Signature of Physician

Address

105

How long

Several Weeks

How long

Several hours.

Lugard & Whitford,  
Tuttleton, Md.

Entertainment  
Winchester A.A. Co

+ George Grammer  
Teufel undertakers

Name  
in  
Full

Edward Wietscher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 8 Winston ave Town Gowanstown County

Date of death 1909 Dec Month

Day 31st Years Age 73

Months Days

Sex Male

Color or Race white

Birth-place Germany

Occupation Grinder

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband Sophia Wietscher

Father's Name

William Wietscher

Father's Birthplace

Germany

Mother's Maiden Name

Not known

Mother's Birthplace

Germany

Name of person giving  
Information

William A. Wietscher

How related  
to deceased

Son

Primary

Valvular heart disease

Immediate

Exertion

CAUSES OF DEATH

79

How long

several years

How long

But a few moments

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. M. Duncan

Gowanstown

Accident or Suicide

Med

Burial at Baltimore cemetery  
Monday Dec 3rd 1910.

Wm Cook

undertaker.

502 E. North ave

Name  
in  
Full

Dagob Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Dec	9	83	—	—
Sex	Female	Color or Race	Color	Birth-place	End
Occupation	Rec.	Where Residing if not at place of death			
Married, Single or Widowed	maiden	Name of Wife or Husband	Chas Williams	Father's Birthplace	md
Father's Name	Alex Graham	Mother's Maiden Name	Matilda Brown	Mother's Birthplace	md
Name of person giving information	Chas Williams	How related to deceased			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

6 mos

Immediate

Stratbury

How long

one week

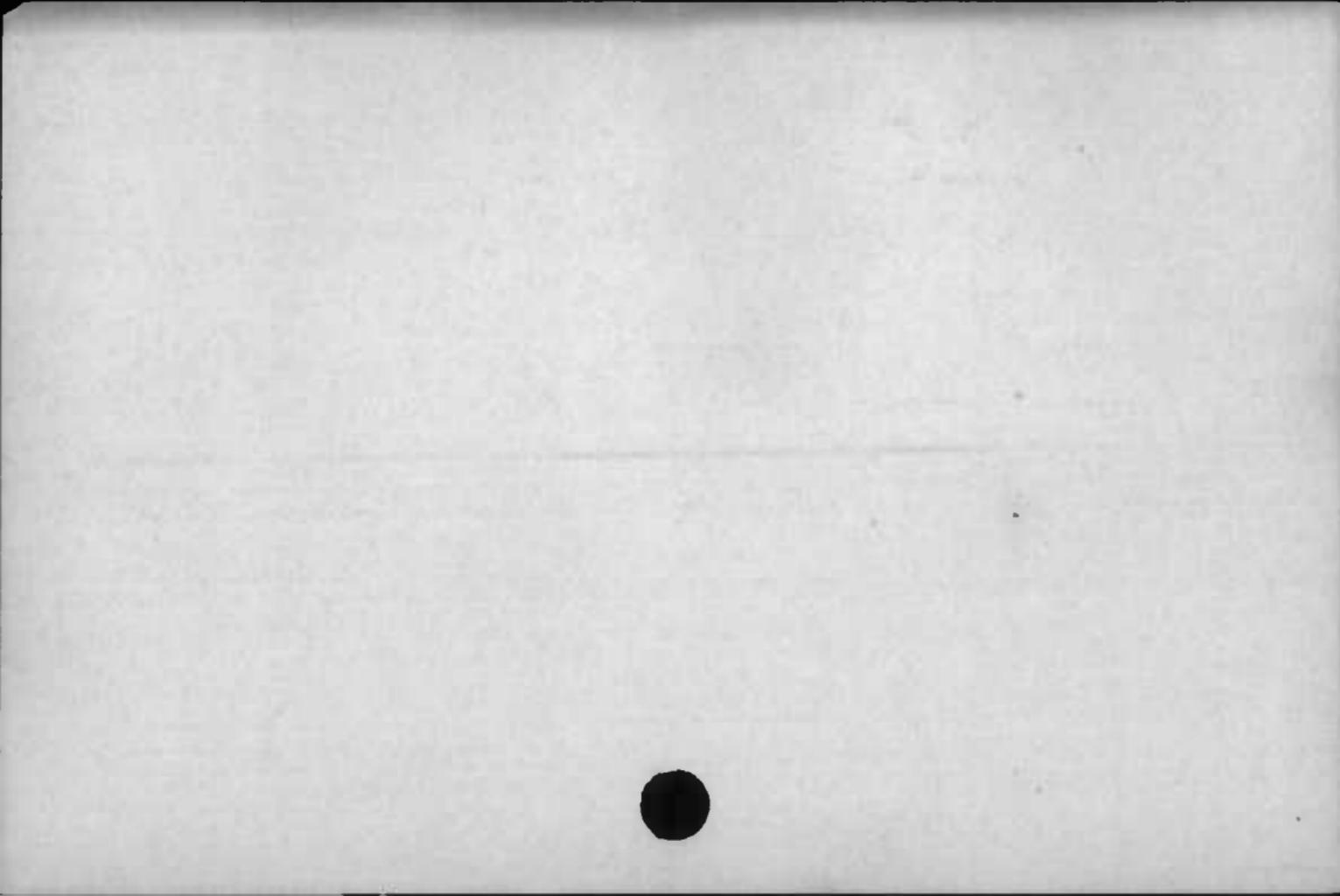
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Paulo Harrison MD  
Middle River MD

Accident or Suicide?



Name  
in  
Full

Hilda Wise

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	female	Color or Race	colored	Birth-place	Not Womans
Occupation	housewife	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband	Wife	Father's Birthplace	Maryland
Father's Name	John	Mother's Maiden Name	Mary King	Mother's Birthplace	Baltimore
Name of person giving information	Mary Wise	How related to deceased	mother		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

3 months

Immediate

Asthma

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Puglowski  
Not Womans  
Ind.

Accident or Suicide?

Rev. Hooper  
Mt Auburn Cemetery

Name  
in  
Full

Elizabeth Wolfe

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Sunnybrook</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec.</u>	Day <u>18</u>	Years <u>Age 67</u>	Months <u>4</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Germany</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Married</u>	Name of Husband <u>John Wolfe</u>					
Father's Name <u>Conrad Burk</u>		Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Mary Enders</u>		Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>John Wolfe</u>		How related to deceased <u>Husband</u>				

CAUSES OF DEATH

43

How long

one year or longer

PHYSICIAN  
OR CORONER

Primary

Cancer of breast

Immediate

" " "

" "

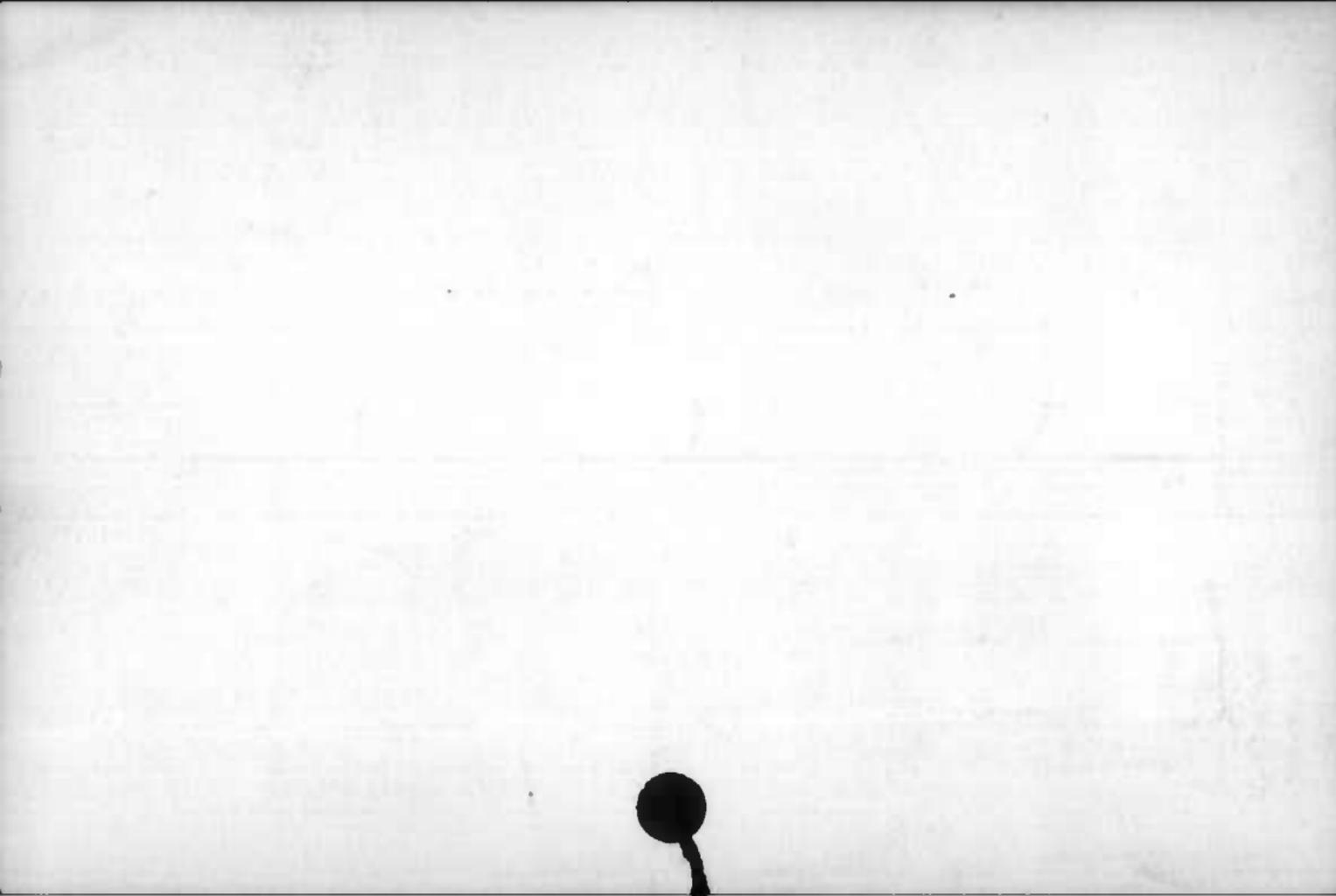
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Green  
Gatlings,  
Md. 10

Accident or Suicide?



Name  
in  
Full

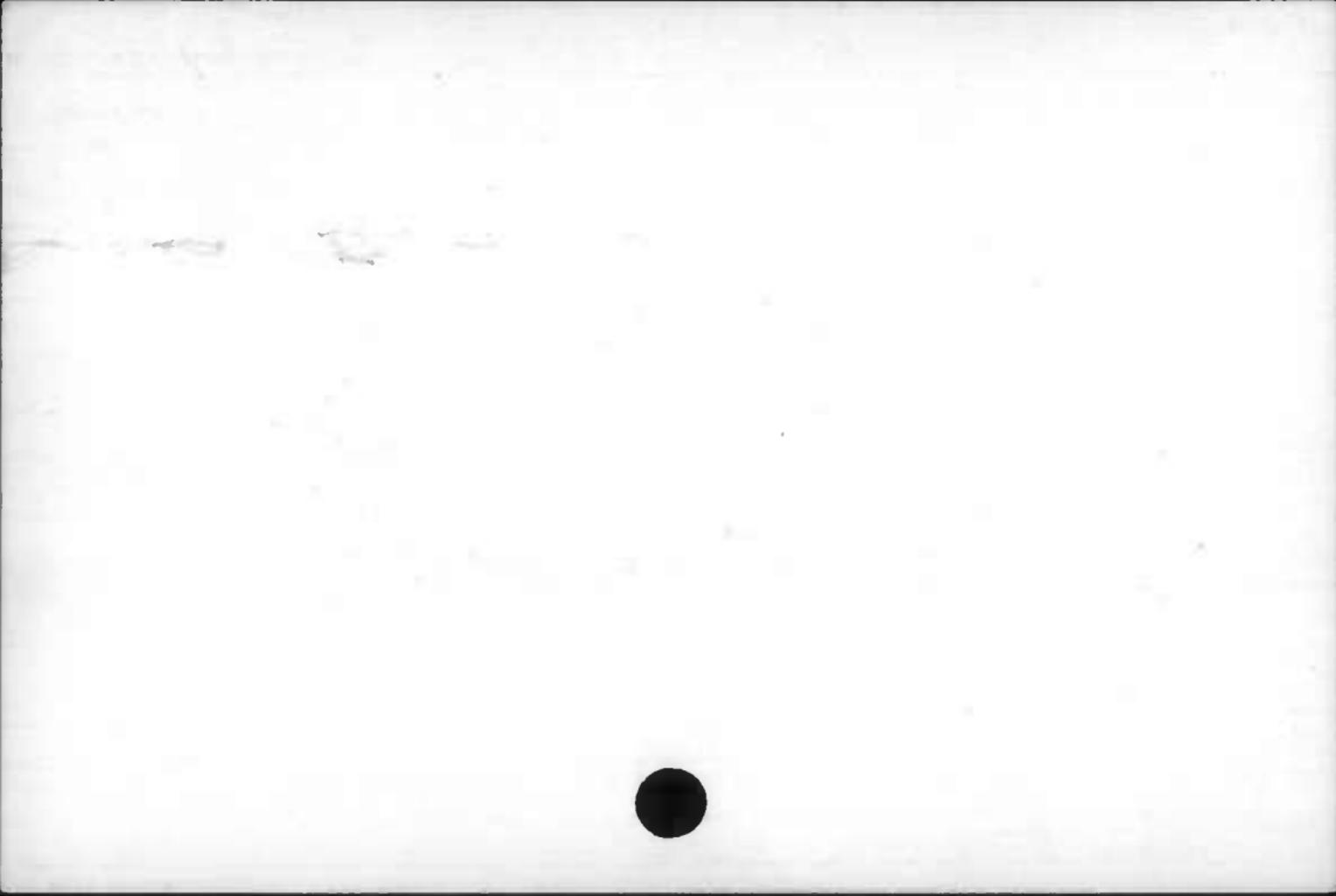
Loretta Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months
Sex	Color or Race	Age	Days	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John Wright		
Father's Name	Samuel Kanwode			
Mother's Maiden Name	Do Not Know			
Name of person giving information	Raymond Wright			
CAUSES OF DEATH				
Primary	Albuminuria.			
Immediate	Paralysis & Nausea			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	120	
		Address	How long	
			years	
			2 days	
Accident or Suicide				

PHYSICIAN  
OR CORONER



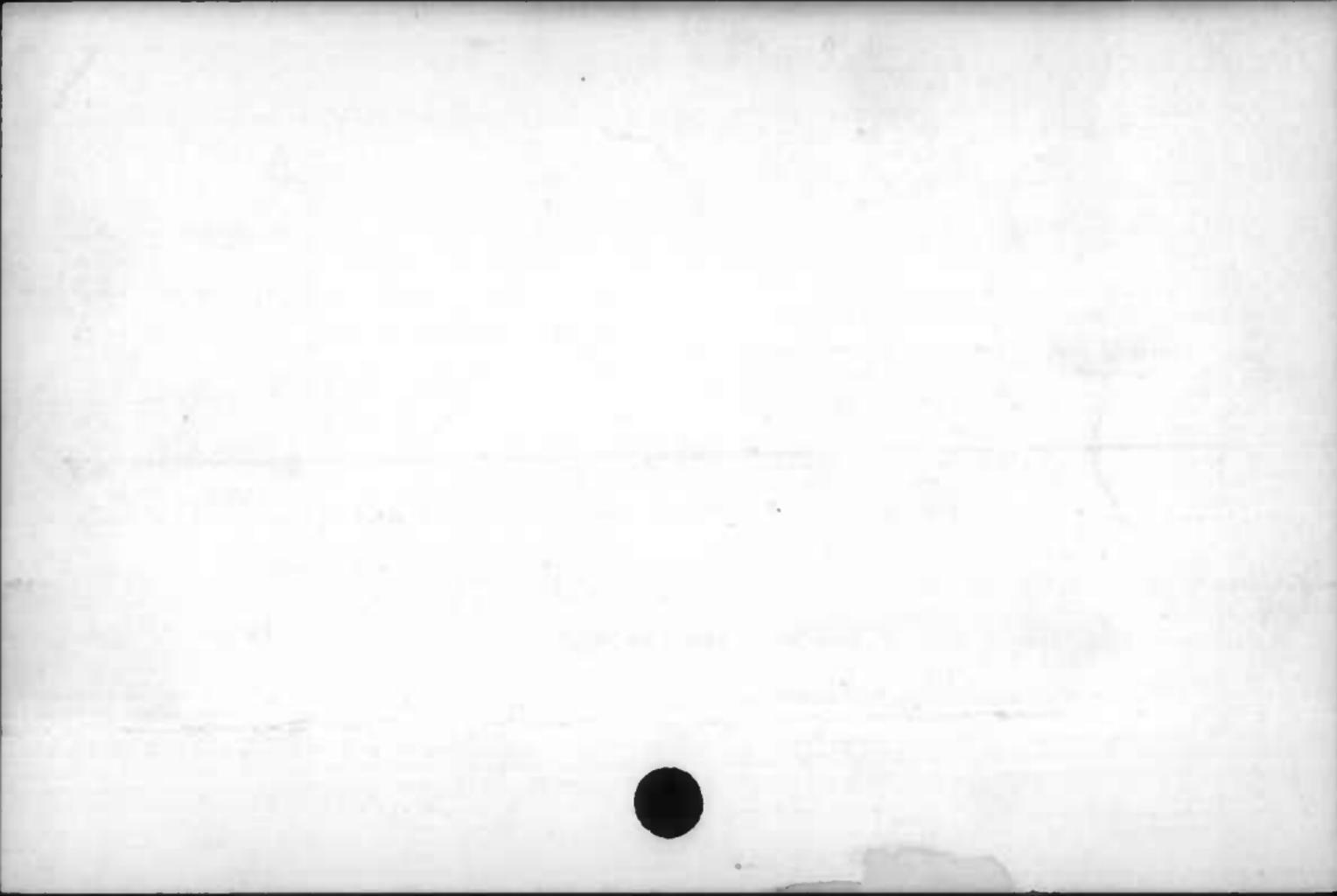
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J

CERTIFICATE OF DEATH						
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Black	Birth-place	Monkton	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Harrison C. Wye					Father's Birthplace Mount Carmel
Mother's Maiden Name	Ada Wilson					Mother's Birthplace Cockeysville
Name of person giving Information	Harrison C. Wye					How related to deceased Father
CAUSES OF DEATH						
Primary	Pneumonia					93
Immediate						How long sick 8 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician					J. T. Payne
Yes	Address					Phoenix
Accident or Suicide?	10					



Name  
in  
Full

John Henry Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 116. 11 St Highlandtown County, Balt.

MARYLAND

Date of death 1909 Month 12 Day 9 Years — Months 3 Days —

Sex Male

Color or Race

White

Birthplace

Balt Co

Occupation Son

Where Residing if not  
at place of death

116.

Elevenses St.

Married, Single  
or Widowed

Sayles.

Name of Wife or  
Husband

Father's Name

William Young.

Balt Co

Mother's Maiden Name

Susa. Bohlen.

Balt Co

Name of person giving  
Information

William Young.

Balt Co

CAUSES OF DEATH

Primary

Lobar Pneumonia.

93

How long

3 da.

Immediate

Exhaustion

How long

12 hours.

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Add.

Jas. L. Treadwell,  
34 George  
Highlandtown Rd.,

Accident or Suicide

no

~~Herrings~~ Herring Barn

Herrington  
12/10/09

Name  
in  
Full

Conrad Joy Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Conrad Joy				
Mother's Maiden Name	Do not know				
Name of person giving Information	Dr. Keating				

159

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

Address

William J. Leighton  
act coroner  
Pikeville Md.

st  
David Ridge

Name  
in  
Full

Stillborn女婴Lester Gregler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Age	Months	Days
Sex	Color or Race		Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry Fugler		Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Clark & Fugler		Mother's Birthplace	Baltimore, Md.	
Name of person giving information	Dr. Davis M.D.		How related to deceased	none	

CAUSES OF DEATH

Primary: Stillborn, Possibly dead 2 weeks before birth

⑧

✓

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Davis M.D.  
923 Carrollton



Accident or Suicide?

Jo B Cook  
burial Arlington

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PYHICIAN  
OR CORONER

Unknown

Died at Westport

Date  
of death 190

Town

Month

Day

County

Years

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Age Unknown

Sex

Color or  
Race

white

Birth-  
place

Unknown

Occupation

Male

Unknown

Where Residing if not  
at place of death

Unknown

Married, Single  
or Widowed

Unknown Name of wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

R. V. Glenn

How related  
to deceased

None

CAUSES OF DEATH

Primary

Inhalation of Poisonous gases

Unknown

Immediate

Asphyxiation

How long

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

August W. Miller (Coroner)  
Mr. Wivans  
Baileys Md.

174

How long

Accident or Suicide

accident

Nicholas S. Curtis

Funeral Director

Mr Zion Cemetery.